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TP Insurer:	Assessment/Sur		J		
1) Insurer.	Ass't Report by	Fax / Hand	Owner/Wksn	17	-
referred Wksp / INC Assign Wksp / QW: (Tol: *	Fax:	
P Particulius: Veh No: S	HA 877 L.	. INC(.)/Non-INC(-).	· ,	
Owner / Driver: (Cover Type: (/1	
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Confirmed by : (Date:	0%; P: 21-79%. P: 80	1-100%]	
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) Apply for Transport Allowance ()/Co	ourtesy Car ()			
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SN0920CN0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 23/12/2020 09:53 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (23/12/2020 09:53 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 witholding of material facts may allow insurance companies to repudiate

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 insurance 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.

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

23/12/2020 09:53 (SGT) Date of Submission 22/12/2020 11:10 (SGT) Date of Accident PIE, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SGT1243X Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner GILSELLE WONG SZE QI SXXXX581B NRIC No ALOYSIUS.NGUAN@GMAIL.COM Email Address (Phone) +65-96502872 Mobile Phone No +65-96502872 Alternative Phone No

VEHICLE PARTICULARS

Honda Fit Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to Yes your vehicle? Private car Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 5120246965 Policy Number Cover Note Number

DRIVER

NGUAN KANG WEI ALOYSIUS Name of Driver SXXXX876B NRIC No 21/07/1986 Date Of Birth Occupation Outdoor

27/07/2018 Date Of Driving Pass Driving experience 2 YEARS AND 5 MONTHS Gender (Phone) +65-90608524 Mobile Number Alt, Phone Number ALOYSIUS.NGUAN@GMAIL.COM Email Address BLK 288C COMPASVALE CRESCENT #12-347 Address Address complement 543288 Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 WIFE Female Gender PASSENGER 2 SON Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Bedok North Neighbourhood Police Centre Police Station Name (Phone) +65-18002449999 Police Station Phone No Alt. Police Station Phone No (Fax) +65-62447258 30 Bedok North Road Singapore 469676 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20201222/2089 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded?

Vehicle Registration Number	SHA877L
Vehicle Manufacturer	-
Vehicle Model	20
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	_
Contact Number	5-0
Address	673
Address complement	•
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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' law yers/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")

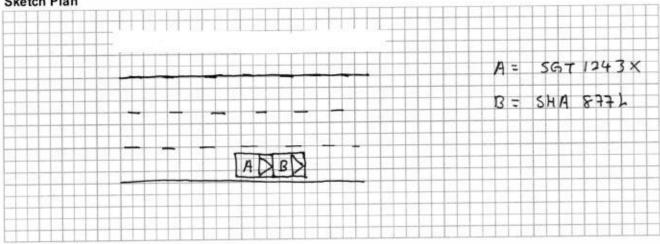
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Circumstar					
Refer	to	Police	Report	7/20201222	12089
			/		
		/			
		/			
		l.			

Declaration

VWe declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time





1 of 4

Report No. T/20201222/2089

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
22/12/2020 16:27	E/20201222/0078	68

22/12/20	20 16:27		E/20201222/00/6	00		
Informa	nt's Particu	ulars				
Name of Informant: NGUAN KANG WEI, ALOYSIUS			Address: APT BLK 97 BEDOK NORTH AVENUE 4 #23-1509 SINGAPORE 460097			
ID Type / ID No.: NRIC NO / S8619876B			Contact No.: Home/Office: Mobile: 90608524			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 34	Date of Birth: 21/07/1986	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: SELF EMPLOYED			Driving Licence Information Class: 2B,3	n: Date of Expiry:		

	mation of the Accident	Drink Date/Time of		Type of Location	
Type of Accident:	Injury Attended by Police	Drive: No	Accident: 22/12/2020 11:10	EXPRESSWAY	
	EXPRESSWAY	Dead Surface:		Road Speed Limit:	
Weather: Clear		Road Surface: Dry		rtoad opeed Limit.	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis		ear		Anyone conveyed by ambulance:	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge		
SGT1243X	Car	HONDA	FIT	Black	Seriously Damaged	2		
SHA877L	TAXI	HYUNDAI		Yellow	Slightly Damaged	1		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



2 of 4

Report No. T/20201222/2089

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

Driver						AND RESIDENCE OF THE PARTY OF T
Name	NGUAN KANG WEI, ALOYSIUS			ID No.		S8619876B
Related Vehicle	SGT1243X (Car)			Conta	ct No.	90608524
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No. of Days granted Medical Leave NIL			Degree of Injury Slight			
Driver		45 75 75 2				Series seminatore, sem
Name	ONG ENG YIM			ID No.		S1623561Z
Related Vehicle	SHA877L (TAXI)			Contact No.		96370115
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Dis	ischarge NIL		3	
	ted Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

On 22nd December 2020 at about 1110hrs, I was driving my vehicle bearing registration plate number SGT1243X along Pan Island Expressway towards Tuas. I had two passengers with me (My Wife (31YO) and my Son (4.5YO) sitted at the back seat. The road was dry and traffic was heavy at that point of time. I was travelling at the extreme right lane (1st lane)

At the said expressway, (12.5km mark), there was a yellow colored taxi bearing registration plate number SHA877L who suddenly come to a stop. I tried to break but could not stop in time. As such, a head to rear collision occurred. The impact was great causing massive damage at the front portion of my vehicle.

Traffic police and ambulance came to scene reference (E/20201222/0078). We managed to exchange particulars before leaving the accident scene. My son and the other party's passenger was being conveyed to hospital.

Due to the accident, I strained my neck. However, I have not seen the doctor. My son was also fine with slight abrasion at the neck area.

There is an in car camera in my vehicle. The traffic police at scene already took the SD card for follow up. That's all.





3 of 4

Report No. T/20201222/2089

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT





T/20201222/2089

4 of 4

Report No. T/20201222/2089

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

Sketch Plan

Authentication Stamp

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: G / Sgt 3 AHMAD BIN HASHIM	Signature Of Informant/
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2020 16:27
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No : 65476213	Classification Of Case:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8619876B





NGUAN KANG WEI, ALOYSIUS







CHINESE Date of birth 21-07-1986

Country/Place of birth SINGAPORE



586198/68

REPUBLIC OF SINGAPORE DRIVING LICENCE S8619876B NGUAN KANG WEI, ALOYSIUS Birth Date: 21 Jul 1986 Issue Date: 27 Jul 2018

5883366



Date of issue 02-03-2018

APT BLK 288C COMPASSVALE CRESCENT #12-347 SINGAPORE 543288

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

21 Apr 2005 27 Jul 2018

NP 428A



eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		No. of Street, or other Parks		The state of the state of		• Chang	e Languag	e + Chan	ge Password	› Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		22/12/2020	17:23	
	Vehicle	No.(For Motor)	SGT1	243X		Cert	ificate Numbe	r			
						Search	ĺ				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5120246965		GILSELLE WONG SZE QI	S8934581B	GPC	drivo CLASSIC	SGT1243X	SGT1243X	12/12/2020	11/12/2021
	-			5:30		Continue	1				

ACCIDENT STATEMENT

ACC	IDENI DATE: 22/12/2	DD/MM/YYY	Y), TIME:(!:_	(MM:MM)
**roc	ATION: PIE	>		
	I. DETAILS OF VEHICLE	SON "		
	a) VEHICLE NUMBER:	5671243X	40	
	b)INSURANCE COMPANY:			
35		- Inc		
	C)POLICY NUMBER:			
	d)POLICY TYPE: (COMPRE	HENSIVE / THIRD PAR	RTY / THIRD PART	Y FIRE &THEFT)
	e)MAKE & MODEL: H	oud q Fit	1.3 Auto.	
	f)TYPE:(SALOON / COUPE)	MPV /V AN / LORR	Y / MOTORCYCL	E / OTHERS)
	g) VEHICLE CATEGORY: (PR	IVATE / COMMERCI	IAL / MOTORCYC	CLE)
	h) PURPOSE OF USING AT A	CCIDENT TIME:	Private Us	e
	I) ARE YOU CLAIMING UND	ER YOUR OWN INSU	RANCE ATES/NO)
	IF NO, PLEASE STATE (THIR)	D PARTY CLAIM / RE	PORTING ONLY)	
2.	INSURED / POLICY HOLDER		0.7	
	A)NAME:	i i	(MALE	/ FEMALE)
	b)NRIC/FIN/PASSPORT:		CONTACT:	7650287
	c)ADDRESS:			
24 14 14	**************************************			
M 1	* CONTINUE TO 3.d IF DRIVE	R ALSO POLICY HO	LDER	
Alo of passanga	DRIVER			
(Including driver)	a)NAME:		(MALE	/ FEMALE)
	b)NRIC/FIN/PASSPORT:		CONTACT: 9	0608524
(3)	c)ADDRESS:			
/ \	50 TO THE RESERVE OF			
Wife Son	*d)DATE OF BIRTH: (/_	/)(DD/N	AM/YYYY)	22
	e)OCCUPATION: (INDOOR)	OUTDOOR)		
	f)YEARS OF DRIVING EXPREE			
4.	WAS DRIVER AN EMPLOYE	E OF THE INSURE	D'S COMPANY?	(YES / NO)
	IF NO, RELATIONSHIP OF	THE DRIVER WITH	INSURED:	Spouse.
5.	a) WEATHER CONDITION: (C	LEAR / RAINING / O	THERS	
	b)ROAD SURFACE: (DRY / W	ET / OTHERS		
6.	WAS ANYBODY INJURED (YE	S/NO)		
7.	a) REPORTED TO POLICE (YES	(NO)	sen o	
	IF YES, PLEASE STATE WHICH	H POLICE STATION;_	Bedok W	orth MPC
8.	THIRD PARTY VEHICLE			
no of passenger	a) VEHICLE NUMBER:	SHA 877 L.	_MODEL:	
Including driver)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:		200 North-	north Messenno
(_)	c) NRIC/FIN/PASSPORT:		_CONTACT:	
7.	THIRD PARTY VEHICLE			
tho of passenger	d) VEHICLE NUMBER:		_MODEL:	
Indudias dias	e) DRIVER'S NAME:			(a) Vi
. mulaing arriver)	f) NRIC/FIN/PASSPORT:		CONTACT:	
()	100 Television - Europe - Euro			
	604			
	* 0			

email = aloysius. nguan @gmail.com
fax =

VIDEO = Yes. card with TP

REF:

Assessor:

Mobile:

YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:		By Assessor- 1) Vehicle Information					
1) Vehicle hit Vehicle:	2) Vehicle hit ??						
a) Motorcar ()	a) Pedestrian	()	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV			
b) M/cycle ()	b) Animal	()	/ Truck / Trailer or			
c) Bicycle ()				Make & Model: Landa Gt 1.36 c.c			
3) Vehicle hit Road Side Objects:				Colour Manual Transmission Type: Auto / Manual			
a) Govrn.Property ()	b) Road Work Object	()	Eng/No: Sp.Reading:			
(Eg: signboard, barrier, tree etc)	c) Private Property	()	C/No: 66614187206			
4) Vehicle drop into drain		()	Gen. Cond: Good / Fair / Poor / Burnt or			
5) Damage due to Act of God:	2) Vehicle hit?? a) Pedestrian b) Animal () Veh No: Array X Yr Regn: Array 22 Comments h) Animal () Veh No: Array X Yr Regn: Array 22 Comments No of Repair Days: O Array 22 Comments 1) Damages on on tessers his parages on ont seem hit onto: Veh No: Array X Yr Regn: Array 22 Comments Yr Regn: Array 12 Comments Yr Regn: Array						
a) Fallen Object ()							
c) Other,	0			Modi: Nil / S/Rim / STD A/Rim or			
6) Parked & Found Damaged:				Tyre Size: F:			
a) Vandalism ()	b) Hit by Moving Object	()	The state of the s			
7) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
a) Stolen ()	b) Damage found	()	TOYO / YOKO or			
	when recovered.			Front / Rear			
8) Fire		žini.		R/Bal. mm R/Bal. mm			
a) Whilst driving ()	b) Parked	()	L/Balmm L/Balmm			
9) Accident date more than 24hrs		(()	Talalici Illipore (60%) 110			
Remarks for internal information				No of Repair Days: Vehicle in Idac: Yes / No			
- Prodos IVI	wilke			D.O.I. 24-12-20 Time: 12 pm			
under my	mame.			By Assessor- 2) Comments			
		-					
Remarks to appear in Works Order & Assessment report							
	\		И	- CENTREMANDER TO THE CONTROL OF THE			
1) Potential Total Loss (1			100 CONTROL STATE AND			
2) SRS Light on (1						
3) ABS Light on ()	_		45 The State of th			
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¥				Time Started: Time completed:			
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2) ASS

(F)Not Contribut (NC)

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-	-	Frt Number Plate Gamish		+	4		1073		Wiper Washer Tank		/	1
		Frt Bumper		/	- 14		1074	995052	Wiper Washer Tank Motor		7	
105	992341	Frt Bumper Clips	CUIDA	1	4.	/	1075	990159	Alternator Assy		3	T
		Frt Bumper Bracket			-	\$10 B	1076	THE RESIDENCE AND ADDRESS.	Alternator Belt	1	1.	Ť
		Frt Bumper Side Retainer	100	1	10.	111	1077		Power Steering Pump		7	t
		Frt Bumper Reinforcement	A	1	-/		-		Power Steering Belt	100000	1	Ŧ
.00	991433	Fri Bumper Reinforcement	3	1/		/	1078			-		4
09	991318	Frt Bumper Beam				6 8	1079		Power Steering Cooler Pipe			1
		Frt Bumper Sponge		1	-	5	1080		Power Steering Hose			1
11	991427	Frt Bumper Protector					1081	990010	ABS Pump Control Unit		13	T
12	991420	Frt Bumper Part Tow COVEY		1		/	1082	990427	Brake Master Pump Assy			Ť
		Frt Bumper Grille	-	1		1			Brake Booster Pump Assy	1		t
				1	-	1360	-			-	-	+
14	991301	Frt Bumper Moulding					1084		Engine Top Cover	-	_	1
		Frt Bumper Lower Spoiler					1085		Engine Under Cover			1
16	991438	Frt Bumper Sensor		0.80			1086	.990946	Engine Mounting			1
17	995100	Frt LH Bumper Fog Lamp Cover	8.				1087	990949	Engine Mounting Frt		12	Ī
		Frt RH Bumper Fog Lamp Cover							Engine Mounting LH		2	1
		Frt LH Bumper Fog Lamp		-			1089		Engine Mounting RH		1	đ
		Frt RH Bumper Fog Lamp	-				1090	000051	Engine Mounting Rear	1	n	+
			-	1		,				-	13	4
		Frt Grille		1	_	-	1091		Gear Box Mounting	-	-	J
22		Frt Grille Emblem		1/		-	1092		Fit LH Chassis Member	ner	kny	4
23	991799	Frt Grille Chrome Moulding	1 3				1093	991520	Frt RH Chassis Member	6.0	hor	A
		Frt Apron Panel			3.5		1094		Frt Vertical Cross Member	1		1
		Frt Support Panel		17		1	1095	The second secon	Frt Lower Cross Member	4		1
			-	1	-	-	annone processors and			1	1	H
	992025	Frt Support Panel Top Garnish Cover	_	-	_	1	.1096		Frt LH Fender	-	1	4
27	992416					10000	1097		Frt LH Fender Inner Panel	1	_	4
		Frt Brace Panel	+				1098	995147.	Frt LH Fender Lemp 1/4 61	CBS V	Y LOW	4
29	995153	Frt LH Headlamp Assy		1			1099	995148	Frt LH Fender Protector //	00/053	1	g
		Frt RH Headlamp Assy		17		1	1100	991740	Frt LH Fender Inner Shield	1	1/	
		Fr. LH Side Lamp	1	1		1	11.01		Frt LH Mudflap			_
		Frt RH Side Lamp		+		1	1102		Frt LH Wheel Rim			
	990248		-	1	-	1	1103		Frt LH Rim Cover		+	-
			-	1	-	-	_			+	+	-
_	_	Bonnet Emblem	-	1	-	0.000	1104		Frt LH Tyre	-	+	-
		Bonnet Lock		1/		1			Frt R.H Fender		1	_
036	990285	Bonnet Insulator		1/	1	1	1106	991739	Frt RH Fender Inner Papel	1		
037	990273	Bonnet Hinge		1/	17	-11	1107	991744	Frt RH Fender Lamp 1/4 6	1983 V	yron	lą,
		Bonnet Damper	1	1		1	1108	991752	Frt RH Fender Protector 1/9	156	586	ā
		Bonnet Rubber	-	+	+	1			Frt R#1 Fender Inner Shield	1 15		7
			-	10	+	1	11109	551740	Frt RH Mudflap	-	+	-
		Bonnet Cable	-	14	-	-	1110	991884	FIT RH Muditap	+-	+	-
		Bonnet Stand				1			Frt RH Wheel Rim -	-	+	_
		Air Con Condenser .		1/		1			Frt RH Rim Cover			_
043	990127	Air Con Fan Assy		13		-			Frt R.H Tyre			
044	990134	Air Con Suction Pipe (Low Pressure)		17		1	1114	992093	Frt Windscreen Glass	1	1	
		Air Con Suction Hose	1	1	+	1	1115	992117	Frt Windscreen Rubber		1	_
	-1	Air Con Discharge Pipe (High Pressure)	1	10	1	11			Frt Windscreen Moulding		1	-
0+0	110013.	All Con Discharge Fipe (Align Fressure)	-	15	+	1				1	+	-
04.7	990114	Air Con Discharge Hose	1	-	-	-			Frt Windscreen Sealant	-	+	_
		Air Con Liquid Pipe		14	1	V			ERP Bracket		1	_
049	995060	Air Con Receiver Drier			1				ERP Unit		1	
050	99011	Air Con Compressor Assy							Frt Wiper Arm			
		Air Con Belt		1	T				Frt Wiper Blade	SER ATTER		
		Radiator	-		-	-			Wiper Panel Garnish		13	7
			1	10	-	1	1100	001126	Firewall Panel	-	1	-
		Radiator Cowling	-	-	-	- 33	1123	391126	Firewall Fallel	-	-	_
		Radiator Fan Assy		10		1			Dashboard Assy		-	_
		Radiator Fan Clutch	1				11125	992282	Glove Box Cover			
056	99275	Radiator Hose Top			1	1	1126	992281	Glove Box Compartment	100		1
		Radiator Hose Bottom	-	+	-				Steering Wheel Airbag			1
			-	-	1	1				-	-1-	-
_		Radiator Expansion Tank	-	10		-12			Steering Wheel Airbag Sensor		+	_
059		Air Duct		1		1			Dashboard Airbag			
060	99007	Air Cleaner Assy		10		1	1130	990750	Dashboard Airbag Sensor	E 1899	1	
061		6 Air Cleaner Hose	+	1	1				Airbag Control Unit			-
-	terime tennis cambin		-	-	4					-		-
0ó2		Air Cleaner Resonator		- 1	1	1,			Frt Driver Seat		4	_
063	99171	Frt Exhaust Manifold	20110	1	7	1			Frt RH Seat Belt Assy		1	1
ALTERNATION IN		Frt Exhaust Manifold Cover	1						Frt Passenger Sent		1	1
						-	1177	000107	Frt LH Seat Belt Assy.	-	-	-
		Frt Exhaust Manifold Sensor (Oxygen)	1			_					-	-
		Front Exhaust Pipe	1	1		- 2	11136	990247	Sticker		_	_
4.1	1000011	Battery	T	17		1			ECU			9
967	34071										201.7	19