



S L LAW CHAMBERS

ADVOCATES & SOLICITORS, Notary Public & Commissioner For Oaths

Reg No. 53388805X

133 New Bridge Road #13 – 01 Chinatown Point, Singapore 059413

Tel : 6909 9356, Fax : 6909 6246, E-mail : prs@slaw.com.sg

Our ref : PDPI.191661.LH

Your ref : **SMY8984Y**

Date :

11 JUN 2021

GRAB RENTAL PTE LTD

CERTIFICATE OF POSTING

6 Battery Road

#38 - 04

Singapore 049909

Dear Sir,

PROPERTY DAMAGE & PERSONAL INJURY CLAIM ARISING FROM ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES NO. SLF4835H AND SMY8984Y ALONG 894A WOODLANDS DRIVE 50 ON 29 APRIL 2021 AT ABOUT 1740 HOURS

We refer to the above matter.

Our client sustained personal injuries as a result of the negligence of the driver of **SMY8984Y**. It has come to our knowledge that you were the owner of the said vehicle at the material time of the accident.

As the owner of the said vehicle **SMY8984Y**, you are required to let us have the following :-

- 1) driver name: _____
- 2) driver NRIC No. _____
- 3) driver address: _____
- 4) whether the driver was at the time of the accident driving as your servant or agent; (YES / NO)
- 5) whether the driver was an authorised driver and covered by the policy of insurance? (YES / NO)

TAKE NOTICE that there is a presumption in law that the said driver was driving as your servant or agent and if we do not hear from you within the next seven (7) days from the date hereof, we shall commence legal action against you without further notice or warning.

If your vehicle is insured against any third party claims, kindly bring this letter to the attention of your insurance company, **INDIA INTERNATIONAL INSURANCE PTE LTD**, to handle the claims on your behalf.

Yours faithfully



S L LAW CHAMBERS

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 Submission	30/04/2021 15:42 (SGT)
Date of Accident	29/04/2021 17:40 (SGT)
Exact Location of Accident	894A Woodlands Drive 50, Singapore 730894
Additional Location Information	SERVICE ROAD AT BLK 894A WOODLANDS DR 50
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4835H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD ALIF BIN AD'NAN
NRIC No	SXXXX511A
Email Address	muhammadalif14@hotmail.com
Mobile Phone No	(Phone) +65-83161189
Alternative Phone No	+65-83161189

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117643692
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD ALIF BIN AD'NAN
NRIC No	SXXXX511A

Date Of Birth	14/10/1991
Occupation	Indoor
Date Of Driving Pass	31/05/2010
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83161189
Alt. Phone Number	+65-83161189
Email Address	muhammadalif14@hotmail.com
Address	BLK 843 WOODLANDS STREET 82 #03-87
Address complement	-
Postcode	730843
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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

Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

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	SMY8984Y
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire
Name of Driver	PANG YOW LEONG
NRIC No	SXXXX806E
Contact Number	(Phone) +65-83558898
Address	-

Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD ALIF BIN AD'NAN
Address	BLK 843 WOODLANDS STREET 82 #03-87
Address Complement	-
Post Code	730843
Approximate Age Years Old	-
Injuries Sustained	OBTAINED 2 DAYS MC
Injured person in which vehicle?	SLF4835H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

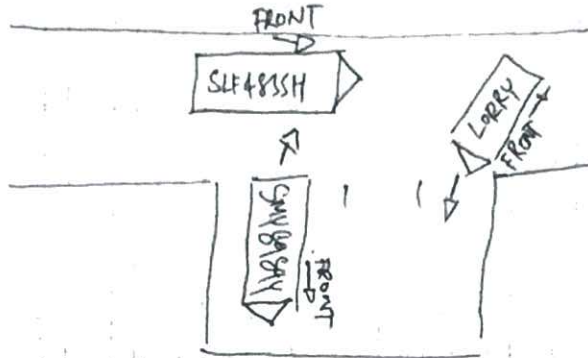
Policyholder's Signature
Date & Time: 31-08-21

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

Reporting Centre Personnel's Signature
Name: J Delle Tan
NRIC/FIN No.: AMK AUTOPoint PTE LTD
30.04.2021

SKETCH PLAN

WOODLANDS DRIVE SO, SLE8990 SERVICE ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR WAS HIT FROM THE SIDE BY SMY8984Y REVERSING INTO MY REAR RIGHT PASSENGER CAR. WHILE I WAS WAITING FOR THE LORRY TO REVERSE MY VEHICLE WAS STATIONARY

DECLARATION

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

Policyholder's Signature
Date & Time:

3.10.21

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

Reporting Centre Personnel's Signature
Name: JOELLE TAN
NRIC/FIN No.: AMK AUTOPOINT PTE LTD
30.04.2021



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2021 17:42		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD ALIF BIN AD'NAN			Address: 843 WOODLANDS STREET 82 #03-87 SINGAPORE 730843		
ID Type / ID No.: NRIC NO / S9136511A			Contact No.: Home/Office: Mobile: 83161189		
Nationality: SINGAPORE CITIZEN			Email: MUHAMMADALIF14@HOTMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 14/10/1991	Type of Informant: Driver		
Race: Javanese		Language: English		Institution / School Name:	
Occupation: Customs/Immigration officer		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/04/2021 17:45	Type of Location: Carpark Service Road
Location: WOODLANDS DRIVE 50				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 25 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Reverse into stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLF4835H	Car	HONDA	VEZEL+1.5X+A	Blue	Slightly Damaged	1
SMY8984Y	Car	TOYOTA	Prius plus hybrid	Grey	No Damage	1



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF4835H	NTUC Income Insurance Co-Operative Limited	5117643692	28/05/2020	27/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MUHAMMAD ALIF BIN AD'NAN		ID No.	S9136511A
Related Vehicle	SLF4835H (Car)		Contact No.	83161189
Hospital/Clinic	LIFELINK 24HRS CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	30/04/2021		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	PANG YOW LEONG		ID No.	S0157806E
Related Vehicle	SMY8984Y (Car)		Contact No.	83558898
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

I entered the carpark and was driving along the service road inbetween Blk 894A and 893C Woodlands Drive 50. Stop my car as there was a lorry reversing into loading and unload lot. As i waited for the lorry, a car (SMY8984Y) reversed into the side of my car. It took place near a pedestrian sheltered walk crossing.

I have videos exceeding 2MB.



**SINGAPORE
POLICE FORCE**



T/20210430/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210430/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
30/04/2021 17:42

Classification Of Case:

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 29 Apr 2021 / 17:40:00)

Vehicle Insurance Details

Vehicle No.:

SMY8984Y

Make Description/Model:

TOYOTA / PRIUS PLUS (AUTO)

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20210503133155249221

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print

Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 29 Apr 2021 / 17:40:00)

Vehicle Owner Details



Owner ID Type:

Company

Owner ID:

201617200G

Owner Name:

GRAB RENTALS PTE. LTD.

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:

6

Registered Street Name:

BATTERY ROAD

Registered Unit No.:

38 - 04

Registered Building Name:

-

Registered Postal Code:

049909

Vehicle Insurance Details



Vehicle No.:

SMY8984Y



Thank you

Kang Peng Luan has successfully logged out.

Your last login date and time was 03 May 2021, 13:28:35.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	SMY8984Y -		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	03 May 2021 / 13:31:55

LIFELINK SN CLINIC & SURGERY
153, SERANGOON NORTH AVENUE 1 #01-534
SINGAPORE 550153
Tel: 62813977

TAX INVOICE

MUHAMMAD ALIF BIN AD'NAN
(S9136511A)

843 WOODLANDS STREET 82
03 - 87
SINGAPORE 730843

Invoice No. : GPC 046752
Invoice Date : 30 Apr 2021
ACRA No. : T07CM0961F
Doctor : Tan Peng Wee

ITEM NAME	QTY	TOTAL
ANAREX	20.00 tab/s	\$6.00
ARCOXIA (ETORICOXIB) 120MG/TAB	5.00 tab/s	\$17.50
Consultation General Service		\$25.00
Final Bill		\$48.50
Payment received by NETS - RE/045959		\$48.50
Outstanding Balance		\$0.00

LifeLink SN Clinic & Surgery
153, Serangoon North Ave 1
#01-534 Singapore 550153
Tel: 6281 3977 Fax: 6383 0538
Email: lifelink24hrs@gmail.com

* Information is accurate as at time of printing

LIFELINK SN CLINIC & SURGERY
153, SERANGOON NORTH AVENUE 1 #01-534
SINGAPORE 550153
Tel: 62813977

Medical Certificate

Date of Visit: 30-Apr-2021

MC No.: MC2104302187

This is to certify that

Name: MUHAMMAD ALIF BIN AD'NAN

NRIC: S9136511A

is Unfit for Work

for 3 day(s) from 30-Apr-2021 to 02-May-2021

Remarks: Diagnosis
1. Strain of neck muscle


Dr. Tan Peng Wee (M08212J)

Doctor Name: Tan Peng Wee
MCR: M08212J

LifeLink SN Clinic & Surgery
153, Serangoon North Ave 1
#01-534 Singapore 550153
Tel: 6281 3977 Fax: 6383 0538
Email: lifelink24hrs@gmail.com

** This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

SZE KANG AUTOMOBILE SPRAYING SERVICES

AMK Auto Point

Block 10, Ang Mo Kio Industrial Park 2A, #03-17, Singapore 568047

Telephone: 6481 2712 Fax: 64818694

INVOICE

TO: **officer-in-charge**

Date: 18/5/2021

Invoice no. : 104113
Vehicle no. : SLF4835H
Make / Model : TOYOTA / SIENTA

Finalised Amount : \$3,000.00

Total payable amount: \$3,000.00

Anthony Goh

SZE KANG AUTOMOBILE SPRAYING SERVICES

AUTO PERFORMANCE APPRAISAL

APA

TAX INVOICE

Muhammad Alif Bin Ad'Nan
C/O Sze Kang Automobile Spraying Services
10 Ang Mo Kio Ind. Park 2A
Ang Mo Kio Auto Point #03-17/09
Singapore 568047

INVOICE NO : APA21002200

DATE : 18/05/2021

VEHICLE NO : SLF4835H

JOB REFERENCE NO : 21/002306

ACCIDENT DATE : 29/04/2021

SURVEY DATE : 06/05/2021

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Survey Fees Inclusive Of Transportation	\$410.00
Photographs (\$1) Per Copies : 26	\$26.00

TOTAL AMOUNT : \$436.00

Notes :

All cheque payment should be "Crossed" and made payable to "Auto Performance Appraisal"

Auto Performance Appraisal



VEHICLE SURVEY REPORTS																																				
<p>Muhammad Alif Bin Ad'Nan C/O Sze Kang Automobile Spraying Services 10 Ang Mo Kio Ind. Park 2A Ang Mo Kio Auto Point #03-17/09 Singapore 568047</p>																																				
1	Reference Job Reference No : 21/002306 Claim No : - Claim Type : Third Party Accident Date : 29/04/2021 Survey Date : 06/05/2021 Survey Report Date : 18/05/2021																																			
2	Particulars Of Vehicle Vehicle Registration No : SLF4835H Make & Model : Honda Vezel 1.5X A Vehicle Registration Date : 29/08/2016 Chassis No : RU11108446 Engine No : Blocked Colour : Blue																																			
3	Condition Of Vehicle And Tyres <table border="0"> <tr> <td><u>Mileage (KM)</u></td> <td><u>Brakes</u></td> <td><u>Steering</u></td> <td><u>Modification</u></td> </tr> <tr> <td>82483</td> <td>Serviceable</td> <td>Affected</td> <td>None</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td><u>Tryes</u></td> <td><u>Make</u></td> <td><u>Size</u></td> <td><u>Balance (MM)</u></td> </tr> <tr> <td>Front RHS</td> <td>Yokohama</td> <td>215/55R17</td> <td>5</td> </tr> <tr> <td>Front LHS</td> <td>Yokohama</td> <td>215/55R17</td> <td>5</td> </tr> <tr> <td>Rear RHS</td> <td>Yokohama</td> <td>215/55R17</td> <td>6</td> </tr> <tr> <td>Rear LHS</td> <td>Yokohama</td> <td>215/55R17</td> <td>6</td> </tr> </table>				<u>Mileage (KM)</u>	<u>Brakes</u>	<u>Steering</u>	<u>Modification</u>	82483	Serviceable	Affected	None					<u>Tryes</u>	<u>Make</u>	<u>Size</u>	<u>Balance (MM)</u>	Front RHS	Yokohama	215/55R17	5	Front LHS	Yokohama	215/55R17	5	Rear RHS	Yokohama	215/55R17	6	Rear LHS	Yokohama	215/55R17	6
<u>Mileage (KM)</u>	<u>Brakes</u>	<u>Steering</u>	<u>Modification</u>																																	
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Front RHS	Yokohama	215/55R17	5																																	
Front LHS	Yokohama	215/55R17	5																																	
Rear RHS	Yokohama	215/55R17	6																																	
Rear LHS	Yokohama	215/55R17	6																																	
4	Description Of Damages The vehicle sustained damages at right hand portion. (For information of damages please refer to Parts/Labour/Photographs attached)																																			
5	Instruction This survey was conducted entirely on a "WITHOUT PREJUDICE" basis, and we have not authorised any repair.																																			

AUTO PERFORMANCE APPRAISAL

Vehicle Assessment Reports

Annex A

Ref No : 21/002306

Damage And Repair Cost Adjustment

<u>S/No</u>	<u>Qty</u>	<u>Parts Description</u>	<u>Comments/condition</u>	<u>Workshop Estimate (\$)</u>	<u>Our Assessment (\$)</u>
			<u>List Items</u>		
1	1	Rear RH door	Badly dented	1,056.40	1,056.40
2	1 set	Rear RH door black sticker	Necessary	65.40	65.40
3	1 set	Rear RH door weatherstrip	Necessary	185.50	185.50
4	1	Rear RH door inner trim board	Serviceable/reuse	584.00	-
5	1 set	Rear RH door inner trim board clips	Necessary	60.00	60.00
6	2	Rear RH door hinge (Top & bottom)	Serviceable/reuse	96.00	-
7	1	Rear RH door glass regulator & motor	Bent	412.30	412.30
8	1	RH rocker panel	Badly dented	432.60	432.60
9	1	RH rocker panel outer cover	Broken/cut	401.00	401.00
10	1 set	RH rocker panel outer cover clips	Broken/necesssary	80.00	80.00
				3,373.20	2,693.20
Less discount 20%				674.64	538.64
Total :				2,698.56	2,154.56
Total Spare Parts :				2,698.56	2,154.56

AUTO PERFORMANCE APPRAISAL

Vehicle Assessment Reports

Annex B

Ref No : 21/002306

Damage And Repair Cost Adjustment

<u>Items</u>	<u>Job Description</u>	<u>Workshop Estimate (\$)</u>	<u>Adjusted Costs (\$)</u>
1	To remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	1,100.00	700.00
2	To putty and respray painting on affected areas.	1,000.00	700.00
3	To remove, refix rear RH door fittings to facilitate repair.	100.00	60.00
4	To check wrings.	50.00	30.00
5	To conduct computerise wheel alignment test.	80.00	60.00
6	To supplied and applied anti rust treatments.	100.00	60.00
Total Labour :		2,430.00	1,610.00
Total Spare Parts :		2,698.56	2,154.56
Total Labour :		2,430.00	1,610.00
Total Repair Costs :		5,128.56	3,764.56

Assessor's Recommendation

Repairer Estimate : 5,128.56
Our Adjustment : 3,764.56

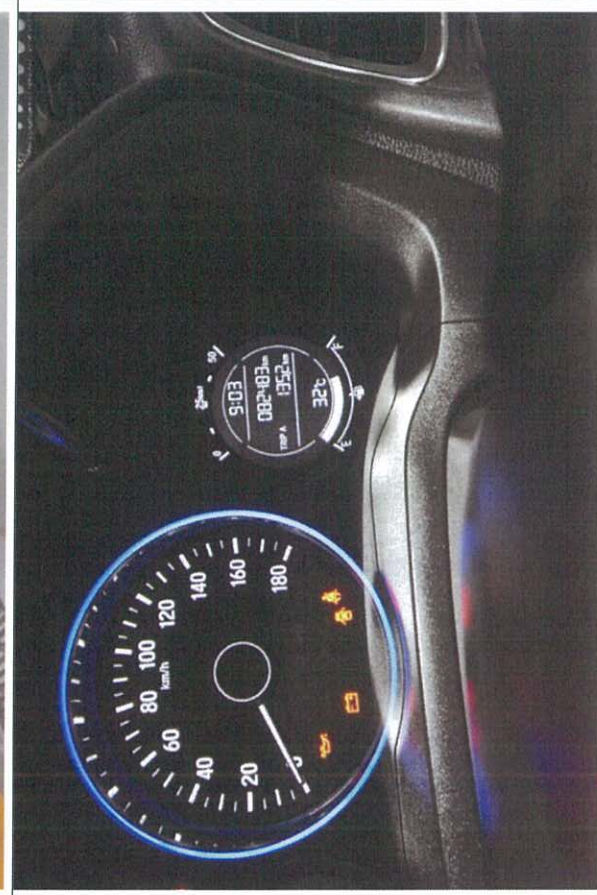
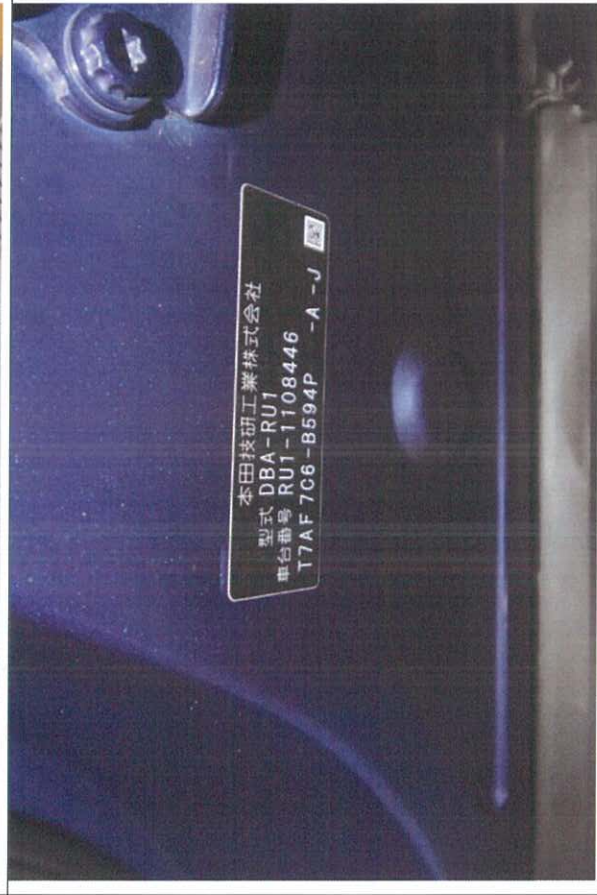
Remarks

The repairer has agreed to undertake the repair on a lump sum basis of \$3,000.00, with a repair period of 5 working days.

Surveyed By:



Lek Boon Hwee
Automobile Appraiser



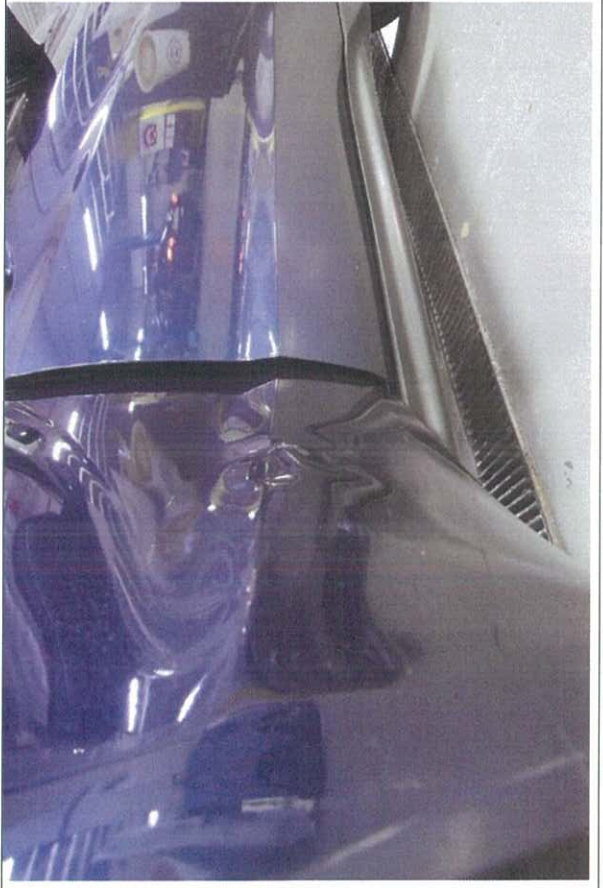
APA

Job Reference No : 21/002306



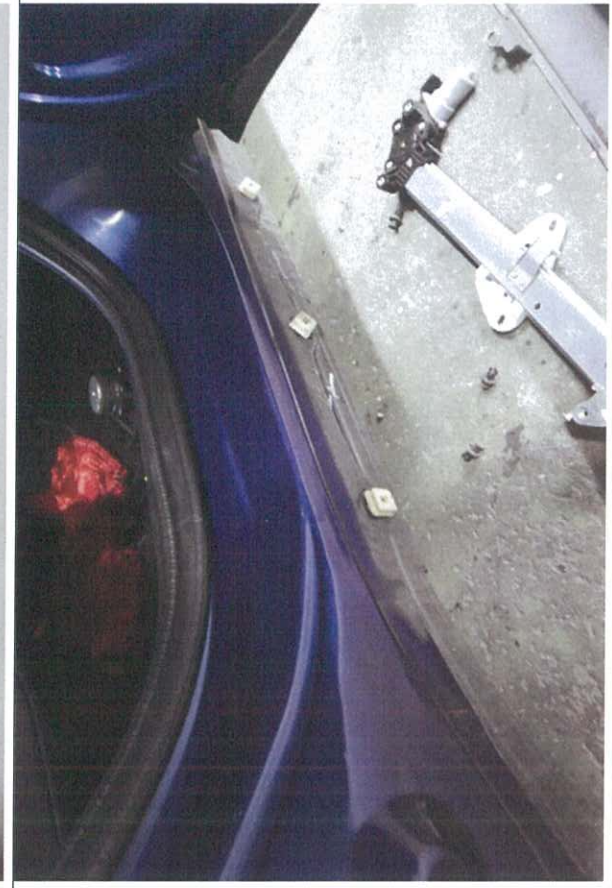
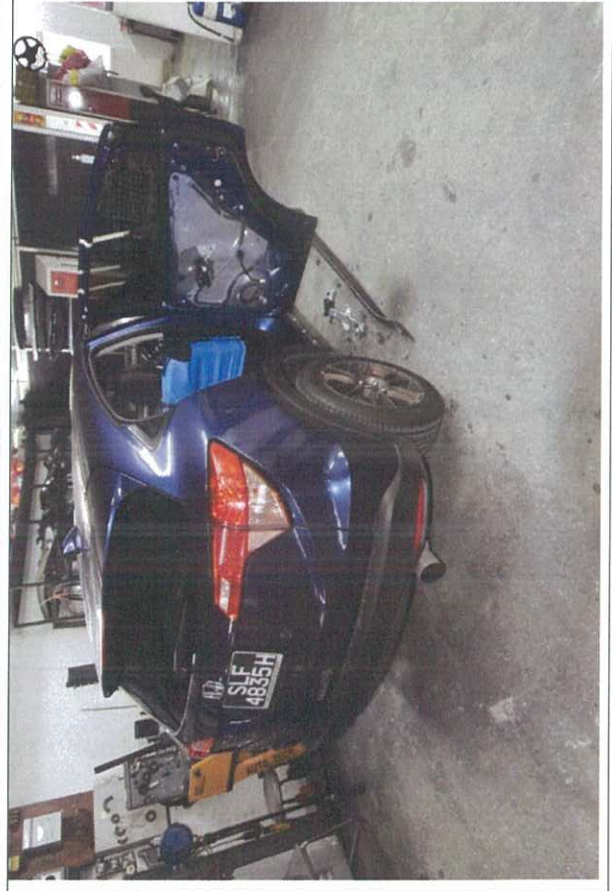
APA

Job Reference No : 21/002306



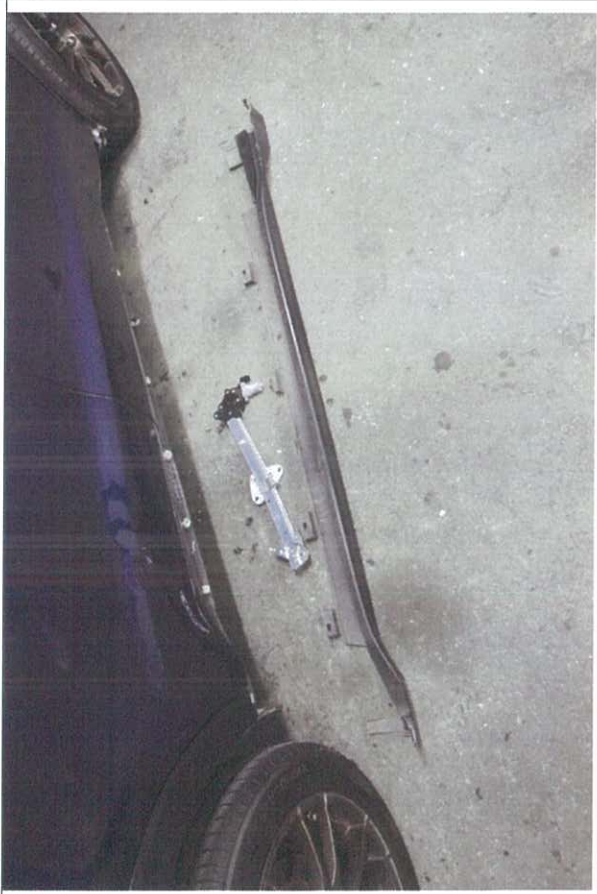
APA

Job Reference No : 21/002306



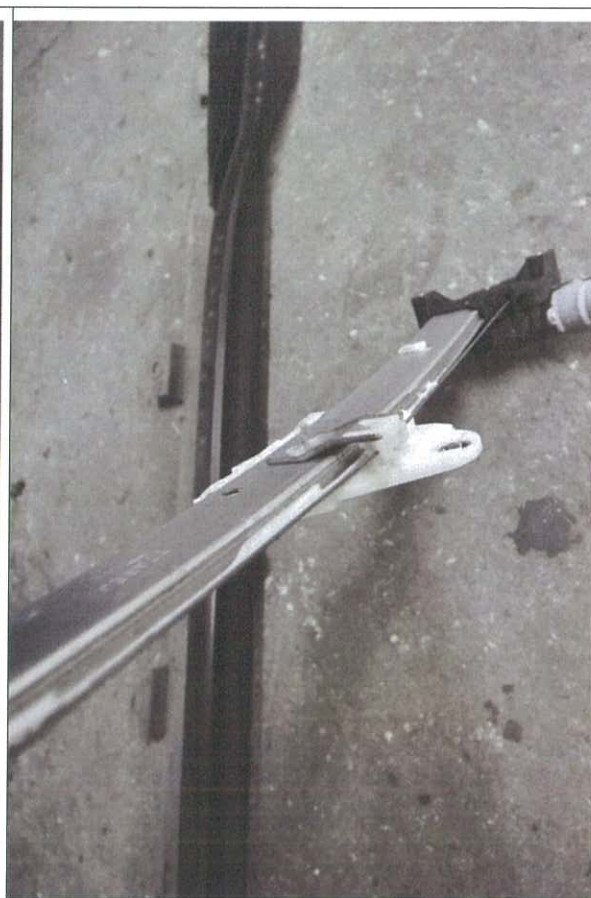
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