



# C RAMESH LAW PRACTICE

ADVOCATES & SOLICITORS  
UEN No. 53294818A

20 Havelock Road  
#02-54 Central Square  
Singapore 059765  
Tel: 68141873  
Fax: 68153273

Email: [info@cr-lawpractice.com](mailto:info@cr-lawpractice.com)

*We do not accept service of Court Documents via facsimile*

YOUR REF : TBA (SLF9234H)  
OUR REF : CR/DE-PD/21-200133

7<sup>th</sup> October 2021

**CHINA TAIPEG INSURANCE**  
3 Anson Road  
#28-01 Springleaf Tower  
Singapore 079909  
**ATTN: MOTOR CLAIMS DEPARTMENT**

**WITHOUT PREJUDICE**  
**BY EMAIL: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)**  
**BY POST**

Dear Sirs

**CLAIMANT: EXCEL ENGINEERING PTE LTD**

**PROPERTY DAMAGE CLAIM ARISING FROM THE ROAD TRAFFIC ACCIDENT ON 04.09.2021 INVOLVING MOTOR VEHICLES GBE 6851X AND SLF 9243H ALONG PIE TOWARDS CHANGI AT ABOUT 16:30HRS**

We act for **EXCEL ENGINEERING PTE LTD**, the owner of motor vehicle number **GBE 6851X**.

From our LTA search, you are the insurer of motor vehicle number **SLF 9243H**.

We are instructed by our client to claim damages against your insured in connection with a road traffic accident on **04.09.2021** along **PIE TOWARDS CHANGI** involving our client's motor vehicle number **GBE 6851X** and motor vehicle number **SLF 9243H** driven by your insured and/or your insured's servant and/or agent at the material time.

We are instructed that the accident was caused by your insured and/or your insured's servant and/or agent negligent driving and/or management of the motor vehicle. As a result of the accident, our client's motor vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows: -

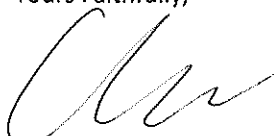
|    |   |                          |
|----|---|--------------------------|
| a) | Cost of repairs                         | \$7,000.00               |
| b) | Loss of Use for 7 days incl PRI x \$120 | \$ 840.00                |
| c) | Survey Report fee                       | \$ 700.00                |
| d) | 3 <sup>rd</sup> Party's GIA Report fee  | \$ 29.00                 |
| e) | LTA search fee                          | \$ 7.49                  |
| f) | Costs                                   | \$ 800.00                |
| g) | Incidentals                             | <u>\$ 100.00</u>         |
|    | <b>Total Amount</b>                     | <b><u>\$9,476.49</u></b> |

A copy each of the following supporting documents marked [X] is enclosed:-

- [x] GIA reports
- [x] Repairers bill and evidence of payment
- [ ] Excess bill/receipt
- [x] Vehicle Registration Card
- [ ] COE/PARF Certificate
- [ ] Names and addresses of witnesses
- [x] Original photographs of damage to our client's motor vehicle (35 pcs)
- [x] Photocopied photographs of damage to our client's motor vehicle
- [ ] Rental Agreement, Invoice and receipt for rental
- [x] Supporting documents for all other expenses claimed

Please take note that you should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured without further notice to you.

Yours Faithfully,



**C RAMESH LAW PRACTICE**  
**ENCL**



## 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              | 06/09/2021 18:22 (SGT)                    |
| Date of Accident                | 04/09/2021 16:30 (SGT)                    |
| Exact Location of Accident      | PIE, Singapore                            |
| Additional Location Information | PIE TOWARDS CHANGI AFTER LARNIE ROAD EXIT |
| Country/State of Loss           | Singapore                                 |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE6851X

#### INSURED/POLICYHOLDER

|                          |                             |
|--------------------------|-----------------------------|
| Is company?              | Yes                         |
| Name Of Registered Owner | EXCEL ENGINEERING PTE. LTD. |
| Company Reg No           | 2XXXXX183E                  |
| Email Address            | FANGBIN8775@GMAIL.COM       |
| Mobile Phone No          | (Phone) +65-91167829        |
| Alternative Phone No     | (Home) +65-91167829         |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Nissan                    |
| Model  | Nv200                     |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Employment                |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Commercial vehicle        |
| Transmission   | Auto                      |
| CC   | 0                         |

#### INSURANCE COMPANY

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | Comprehensive                          |
| Fleet Policy              | No                                     |
| Policy Number             | 5087829780-04                          |
| Cover Note Number         | -                                      |

#### DRIVER

|                |           |
|----------------|-----------|
| Name of Driver | FANG BIN  |
| NRIC No        | SXXXX278F |

|  |  |
|--|--|
| Date Of Birth  | 17/07/1971                             |
| Occupation   | Outdoor                                |
| Date Of Driving Pass   | 08/02/2014                             |
| Driving experience   | 7 YEARS AND 7 MONTHS                   |
| Gender   | Male                                   |
| Mobile Number  | (Phone) +65-91167829                   |
| Alt. Phone Number  | -                                      |
| Email Address  | FANGBIN8775@GMAIL.COM                  |
| Address  | APT BLK 535 WOODLANDS DRIVE 14 #01-607 |
| Address complement   | -                                      |
| Postcode   | 730535                                 |
| Is the driver the policyholder?                              | No                                     |
| If No, Relationship of the Driver with the Insured           | Employee                               |
| 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   | Chain Collision |
| Weather Conditions | Clear           |
| Road Surface       | Dry             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | Yes |
| Number of vehicles involved in the accident   | 3   |
| Was anybody injured in the Accident?  | Yes |
| Was any injured conveyed to hospital by ambulance?  | No  |
| Was any other vehicle 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  |

#### FOREIGN VEHICLE 1

|                             |            |
|-----------------------------|------------|
| Vehicle Registration Number | JSU3470    |
| Vehicle Category            | Motorcycle |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police?  | Yes                              |
| Police Station Name                       | Traffic Police                   |
| Police Station Phone No                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No              | (Fax) +65-65474900               |
| Police Station Address                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No                               |
| If yes, against whom?                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO 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 | JSU3470 |
| Vehicle Manufacturer        | -       |



|   |            |
|---|------------|
| Vehicle Model                           | -          |
| Vehicle Variant                         | -          |
| Vehicle Colour                          | -          |
| Vehicle Category                        | Motorcycle |
| Name of Driver                          | -          |
| Contact Number                          | -          |
| Address                                 | -          |
| Address complement                      | -          |
| Postcode                                | -          |
| Insurance Company Name                  | -          |
| Nature Of Damage                        | -          |
| Details of property damaged in accident | -          |
| No. Of Passenger (Including Driver)     | -          |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number             | SLF9243H    |
| Vehicle Manufacturer                    | -           |
| Vehicle Model                           | -           |
| Vehicle Variant                         | -           |
| Vehicle Colour                          | -           |
| Vehicle Category                        | Private car |
| Name of Driver                          | -           |
| Contact Number                          | -           |
| Address                                 | -           |
| Address complement                      | -           |
| Postcode                                | -           |
| Insurance Company Name                  | -           |
| Nature Of Damage                        | -           |
| Details of property damaged in accident | -           |
| No. Of Passenger (Including Driver)     | -           |

#### INJURED PERSONS DETAILS

##### INJURED 1


|   |          |
|---|----------|
| Name of injured person                              | FANG BIN |
| Gender  | -        |
| Phone No  | -        |
| Address   | -        |
| Address Complement                                  | -        |
| Post Code   | -        |
| Approximate Age Years Old                           | -        |
| Injuries Sustained                                  | -        |
| Injured person in which vehicle?                    | GBE6851X |
| Were seat belts worn?                               | Yes      |
| Was this injured conveyed to hospital by ambulance? | No       |


**SKETCH PLAN**

**IMPORTANT NOTICE**

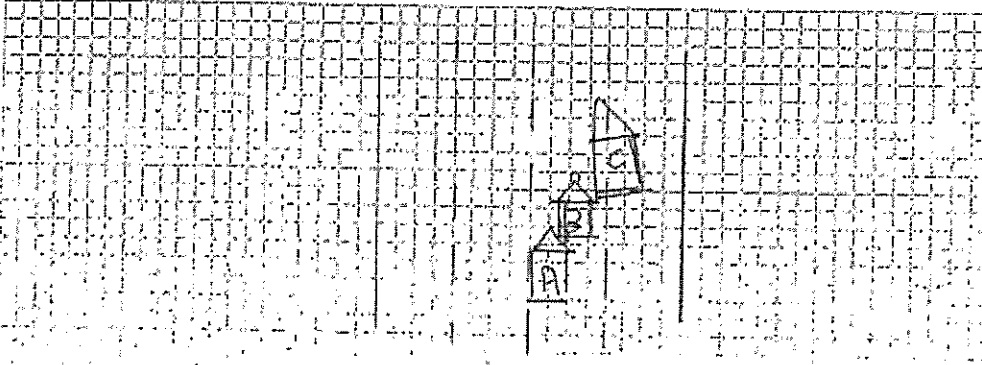
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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' 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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

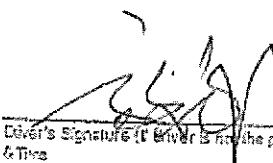
REFER TO POLICE REPORT

Declaration

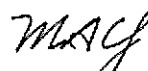
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel









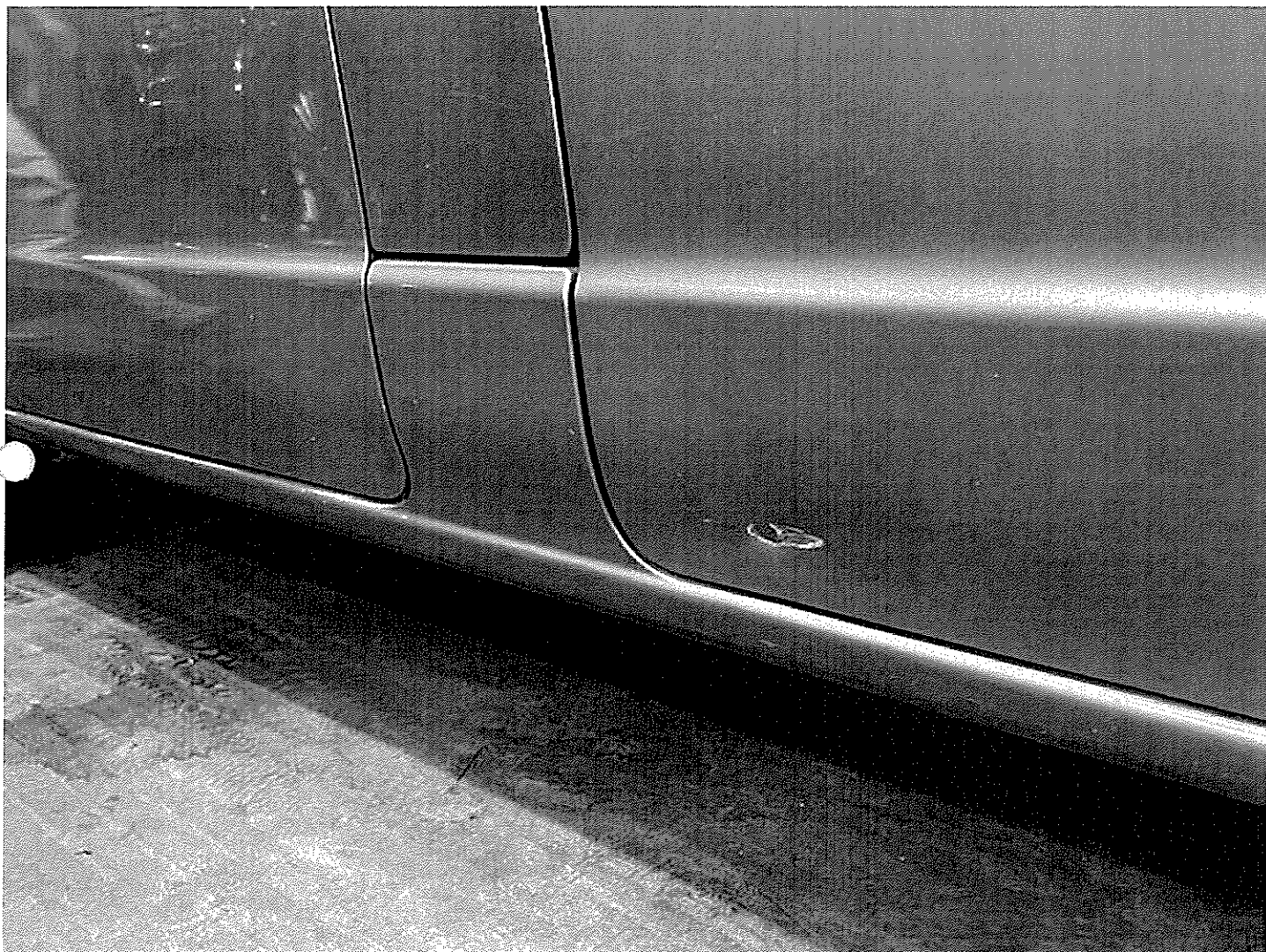












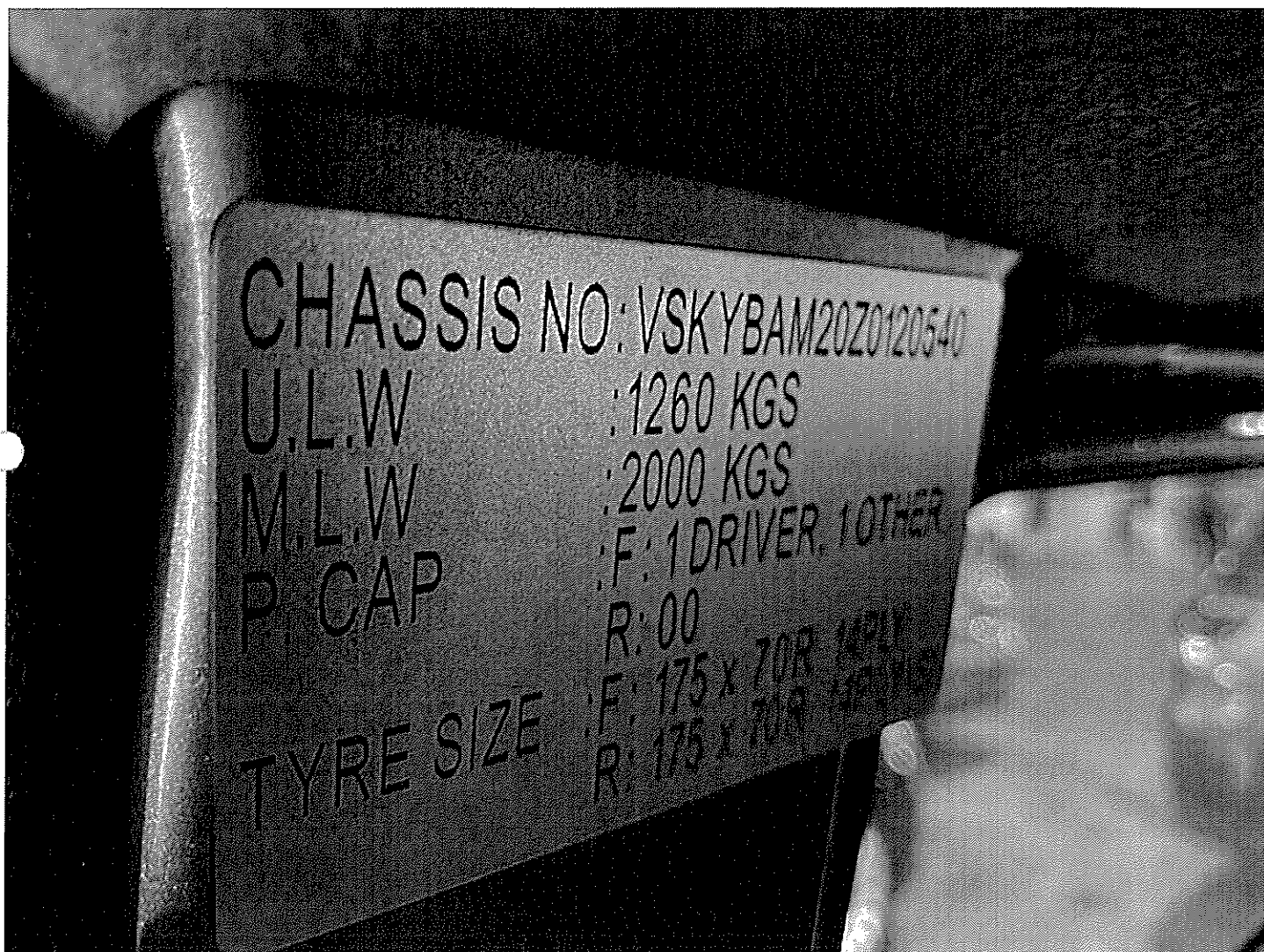






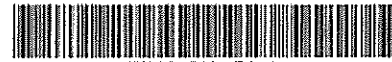








**SINGAPORE  
POLICE FORCE**



T/20210904/7042

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

2 of 3

Report No. T/20210904/7042

## CONTINUATION OF REPORT

|                                   |                      |                                   |                                   |
|-----------------------------------|----------------------|-----------------------------------|-----------------------------------|
| <b>Details of Person Involved</b> |                      |                                   |                                   |
| Any Pedestrian Involved: No       |                      |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                      | Use of Pedestrian Crossing: NA    |                                   |
| <b>Driver</b>                     |                      |                                   |                                   |
| Name                              | FANG BIN             | ID No.                            | S7167278F                         |
| Related Vehicle                   | GBE6851X (Van)       | Contact No.                       | 91167829                          |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                  | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                  | Degree of                         | NIL                               |
| <b>Rider</b>                      |                      |                                   |                                   |
| Name                              | Unknown Rider        | ID No.                            | NIL                               |
| Related Vehicle                   | JSU3470 (Motorcycle) | Contact No.                       | NIL                               |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                  | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                  | Degree of                         | Slight                            |

Brief Details.

I was travelling along pie towards changi airport after lorrie road exit on the second lane, the traffic was heavy. Vehicle (SLF9243H) change lane suddenly, and hit onto the motorcycle JSU3470 which is on his left and motor JSU3470 fall and hit onto the right side portion of my vehicle





**SINGAPORE  
POLICE FORCE**



T/20210904/7042

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

1 of 3

Report No. T/20210904/7042

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |   |                    |                            |
|--|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>04/09/2021 18:26               |            | Vide Report No.:<br>J/20210904/0125 |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>                           |            |                                     |   |                    |                            |
| Name of Informant:<br>FANG BIN                           |            |                                     | Address:<br>535 WOODLANDS DRIVE 14 #01-607 SINGAPORE 730535 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S7167278F                 |            |                                     | Contact No.:<br>Home/Office: Mobile: 91167829               |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN                        |            |                                     | Email:<br>FANGBIN8775@GMAIL.COM                             |                    |                            |
| Sex:<br>Male   | Age:<br>50 | Date of Birth:<br>17/07/1971        | Type of Informant:<br>Driver                                |                    |                            |
| Race:<br>Chinese   |            |                                     | Language:<br>English  |                    | Institution / School Name: |
| Occupation:<br>Building and construction project manager |            |                                     | Driving Licence Information:<br>Class:                      |                    | Date of Expiry:            |

|   |                           |                                    |  |                                      |
|---|---------------------------|------------------------------------|--|--------------------------------------|
| <b>General Information of the Accident</b>                                  |                           |                                    |  |                                      |
| Type of Accident:   | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>04/09/2021 16:30 | Type of Location:<br>Straight Road   |
| Location:<br><br>PAN ISLAND EXPRESSWAY                                      |                           |                                    |  |                                      |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry               |  | Road Speed Limit:                    |
| Traffic Flow:<br>One Way  |                           | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy             |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                           |                                    |  | Anyone conveyed by ambulance:<br>Yes |

| Details of Vehicle Involved |            |        |       |       |                  |       |
|-----------------------------|------------|--------|-------|-------|------------------|-------|
| Vehicle No.                 | Type       | Make   | Model | Color | Condition        | No of |
| GBE6851X                    | Van        | NISSAN | Nv200 | Grey  | Slightly Damaged | 0     |
| JSU3470                     | Motorcycle |        |       |       |                  | 1     |
| SLF9243H                    | Car        |        |       |       |                  | 0     |

UEN: 53431007M

| INVOICE # | DATE       |
|-----------|------------|
| GBE 6851X | 06.10.2021 |

|                |                           |
|----------------|---------------------------|
| Van Owner Name | : EXCEL ENGINEERING       |
| Van Model      | : NISSAN NV200 1.5 MT ABS |
| Van Plate      | : <b>GBE 6851X</b>        |

| DATE OF ACCIDENT | DESCRIPTION                                    |           | AMOUNT   |
|------------------|--|-----------|----------|
| 4/9/2021         | COST OF REPAIR<br>Vehicle Number:<br>GBE 6851X |           | \$7,000  |
|                  |  |           | -        |
|                  |  |           | -        |
|                  |  |           | -        |
|                  |  |           | -        |
|                  |  |           | -        |
|                  |  |           | -        |
|                  |  |           | -        |
|                  |  |           | -        |
|                  |  |           | -        |
|                  |  | SUBTOTAL  | 7,000.00 |
|                  |  | TOTAL DUE | 7,000.00 |



SURVEYORS & ADJUSTERS

INVOICE

TO : A L Motorwerkz DATE : 06.10.2021  
ADDRESS INV NO : ARC-SUR/2021/026

Claim Type : THIRD PARTY Your Ref : GBE 6851X  
Vehicle Number : GBE 6851X Our Ref : ARC/2021-024  
Insured Veh Number : SLF 9243H Make/Model : NISSAN NV200 1.5 MT ABS AIRBAG

Particulars : Amount : S\$700.00  
Inclusive Of Photographs & Transport Charges  
TOTAL S\$ 700.00  
Dollars : SEVEN HUNDRED ONLY

Please make cheque crossed and payable to  
ARC SURVEYORS & ADJUSTERS

ARC SURVEYORS & ADJUSTERS

Authorised Signature





SURVEYORS & ADJUSTERS

TO : A L Motorwerkz

PAGES : 3

DATE : 06.10.2021

OUR REF : ARC/2021-026

**REFERENCE & PARTICULARS**

VEHICLE : GBE 6851X  
INSURED OWNER : EXCEL ENGINEERING PTE LTD  
POLICY NO : NA  
CLAIM NO : NA  
ACCIDENT DATE : 04.09.2021 1630HRS

**THIRD PARTY CLAIM**

INSPECTION REQUESTED : OWNER  
ASSIGNMENT DATE : 06.09.2021  
SUM INSURED : NA  
EXCESS AMOUNT : NA

**PARTICULARS OF DAMAGED VEHICLE:**

MAKE/MODEL : NISSAN NV200 1.5 MT ABS AIRBAG  
YEAR : 2015  
CAPACITY : TBA  
ENGINE NO : K9KC400D055197  
CHASIS NO : VSKYBAM20Z0120540

PRE-ACCIDENT STATUS : GOOD  
STEERING : GOOD  
BRAKES : GOOD  
MILEAGE : TBA  
COLOUR : SILVER

**TYRE CONDITION**

:

SIZE (FRONT): -

SIZE (REAR):-

FRONT REMAINING THREADS : -

REAR REMAINING THREADS : -

**GENERAL DESCRIPTION OF DAMAGE**

:

Rear and RH portion damages

**INSPECTION DETAILS**

SURVEY HELD AT : 8 Kaki Bukit Avenue 4 #02-13  
S(415875)

PHOTOGRAPHS : 35

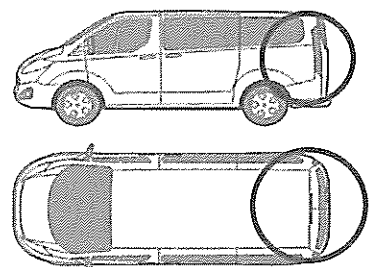
INSPECTION DATED : 09.09.2021

**REMARKS**

: (SUBJECT TO POLICY CONDITION)

THIS SURVEY WAS CONDUCTED STRICTLY "WITHOUT PREJUDICE"  
ESTIMATED NORMAL PERIODS OF REPAIRS (7) WORKING DAYS  
IN ACCORDANCE WITH YOUR INSTRUCTIONS, WE HAVE  
AUTHORISED REPAIRS. (This estimate covers visible damages only.

Should there be any discrepancy or unseen items in this survey, kindly notify the





SURVEYORS & ADJUSTERS

VEHICLE NO : GBE 6851X POLICY NO :

CLAIM NO : OUR REF : ARC/2021-026

**ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS :**

| S/N                 | QTY  | DESCRIPTION<br>(MATERIAL ITEMS) | COMMENTS/<br>CONDITION | ORIGINAL<br>QUOTATION | REVISED<br>QUOTATION |
|---------------------|------|---------------------------------|------------------------|-----------------------|----------------------|
| <b><u>PARTS</u></b> |      |                                 |                        |                       |                      |
| 1                   | 1    | Rear Boot Door RH               | Damaged                | 855.00                | 769.50               |
| 2                   | 1    | Rear Bumper                     | Damaged/Dislodged      | 695.80                | 626.22               |
| 3                   | 1    | Rear Bumper Right Reflector     | Broken                 | 112.60                | 101.34               |
| 4                   | 1    | Right Rear Bumper Bracket       | Necessary              | 65.60                 | 59.04                |
| 5                   | 1    | Right Rear Tail Lamp            | Necessary              | 65.60                 | 59.04                |
| 6                   | 1set | Rear Right Fender               | Damaged                | 496.00                | 446.40               |
| 7                   | 1set | Left Rear Bumper Bracket        | Damaged                | 759.90                | 683.91               |
| 8                   | 1    | Rear Right Fender Rail          | Distorted              | 356.20                | 320.58               |
| 9                   | 1    | Rear Right Fender Glass Window  | Necessary              | 325.60                | 293.04               |
| 10                  | 1    | Rear Right Passenger Door       | Damaged                | 895.00                | 805.50               |
| 11                  | 1    | Rear Right Passenger Door Glass | Necessary              | 325.60                | 293.04               |
| 12                  | 1    | Rear Right Sliding Door         | Damaged                | 1105.60               | 995.04               |

6,058.50 less 10% 5,452.65

**SPECIAL NETT ITEMS**

TOTAL PARTS(SPECIAL NETT): 0.00 0.00

TOTAL PARTS: 5,452.65



SURVEYORS & ADJUSTERS

|            |             |           |                |
|------------|-------------|-----------|----------------|
| VEHICLE NO | : GBE 6851X | POLICY NO | :              |
| CLAIM NO   | :           | OUR REF   | : ARC/2021-026 |

**ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS :**

| S/N                     | DESCRIPTION<br>(MATERIAL ITEMS)   | COMMENTS/<br>CONDITION | ORIGINAL<br>QUOTATION | REVISED<br>QUOTATION |
|-------------------------|---|------------------------|-----------------------|----------------------|
| <b><u>LABOUR</u></b>    |   |                        |                       |                      |
| 1                       | To fix & dismantle and remove damaged Rear to Front Right affected damaged portion. |                        | 600.00                | 600.00               |
| 2                       | To apply anti rust coat and affected areas  |                        | 0.00                  | 0.00                 |
| 3                       | To check wiring   |                        | 120.00                | 120.00               |
| 4                       | Welding and cutting of affected panels, including chassis alignment                 |                        | 1,000.00              | 1,000.00             |
| 5                       | Spray painting for Front left Portions affected parts                               |                        | 1,500.00              | 1,500.00             |
| 6                       | Refocusing of the front headlamp  |                        | 0.00                  | 0.00                 |
| 7                       | Diagnose ECU system and reset error code.   |                        | 120.00                | 120.00               |
| 8                       | 3D Wheel Alignment  |                        | 180.00                | 180.00               |
| 9                       | To Apply Waterproofing sealer on End Panels   |                        | 0.00                  | 0.00                 |
| Labour Total :          |   |                        | 3,520.00              | 3,520.00             |
| TOTAL (PARTS & LABOUR): |   |                        |                       | 8,972.65             |
| NETT TOTAL(LESS 20%) :  |   |                        |                       | 7,178.12             |
| AGREED AT LUMP SUM :    |   |                        |                       | 7,000.00             |















