

ASS. REC. BY:

CC3
REF:

M1 / 210127091KV

Kenneth

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: SFR 3113Y

Policy No. MR006485

Claims No. M2105802

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:

\$68,147.11

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S110 9970A

Yr Regn:

09, 20

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or

Make:

Toy Pro

c.c.

1788

Colour

M.P. White / RW

A/C:

Insured / Std / NI / NA

Sp. Reading

183965

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31FU 003091526

Gen. Cond:

Good / Fair / Poor / Burnt

Steering: Inorder /

Jammed / Leaked / Burnt or

Brake: Inorder /

Jammed / Leaked / Burnt or

Modl:

Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Dailun

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

10/12/21

D.O.I.

14/12/2021

Survey held at

Des. of Damages: Frt / Rear /

O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 / Cool BZ, Torque Jamm

3/1 / 7072.35 Cmls (Red 15,490.43, 68%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 6/1/22-typist

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Report Format: Merimen

Lump Sum / I.B.I: (\$ 7072.35)

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD9970A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	13 Dec 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2G81551
Chassis No.:	JTDKB3FU003091526
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	24 Sep 2020
First Registration Date:	24 Sep 2020
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Sep 2028
PARF Rebate Amount:	\$10,897.00
Intended COE Rebate Details	
COE Expiry Date:	23 Sep 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$26,512.00
COE Rebate Amount:	\$21,209.00
Total Rebate Amount:	\$32,106.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 13 Dec 2021

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	12/12/2021 15:48 (SGT)
Date of Accident	10/12/2021 22:45 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	East Coast parkway along ECP TOWARDS BEDOK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9970A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX878K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1767

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	-

DRIVER

Name of Driver	Heng Yeow Meng
NRIC No	SXXXX351I

Date Of Birth	19/02/1966
Occupation	Outdoor
Date Of Driving Pass	20/02/1990
Driving experience	31 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85755375
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	498G Tampines st 45
Address complement	#03-430
Postcode	525498
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	P1
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT:T/20211211/2040 LODGED AT TOA PAYOH N P C

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE WITH TRANS CAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFR3113Y
Vehicle Manufacturer	Mercedes
Vehicle Model	GLC250D 4MATIC AUTO
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97348699
Address	Na
Address complement	Na
Postcode	Na
Insurance Company Name	-
Nature Of Damage	Na
Details of property damaged in accident	Na
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	-
Contact Number	(Phone) +65-91916278
Address	-
Address complement	Sylvia_bong@hotmail.com
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	MISS SYLVIA (TRANS CAB PASSENGER)
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HENG YEOW MENG
Gender	Male
Phone No	(Phone) +65-85755375
Address	Na
Address Complement	Na
Post Code	Na
Approximate Age Years Old	-
Injuries Sustained	Pain discomfort on neck, shoulders blade at back area
Injured person in which vehicle?	SHD9970A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MISS SYLVIA
Gender	Female
Phone No	(Phone) +65-91916278
Address	Sylvia_bong@hotmail.com
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9970A
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.

Meng

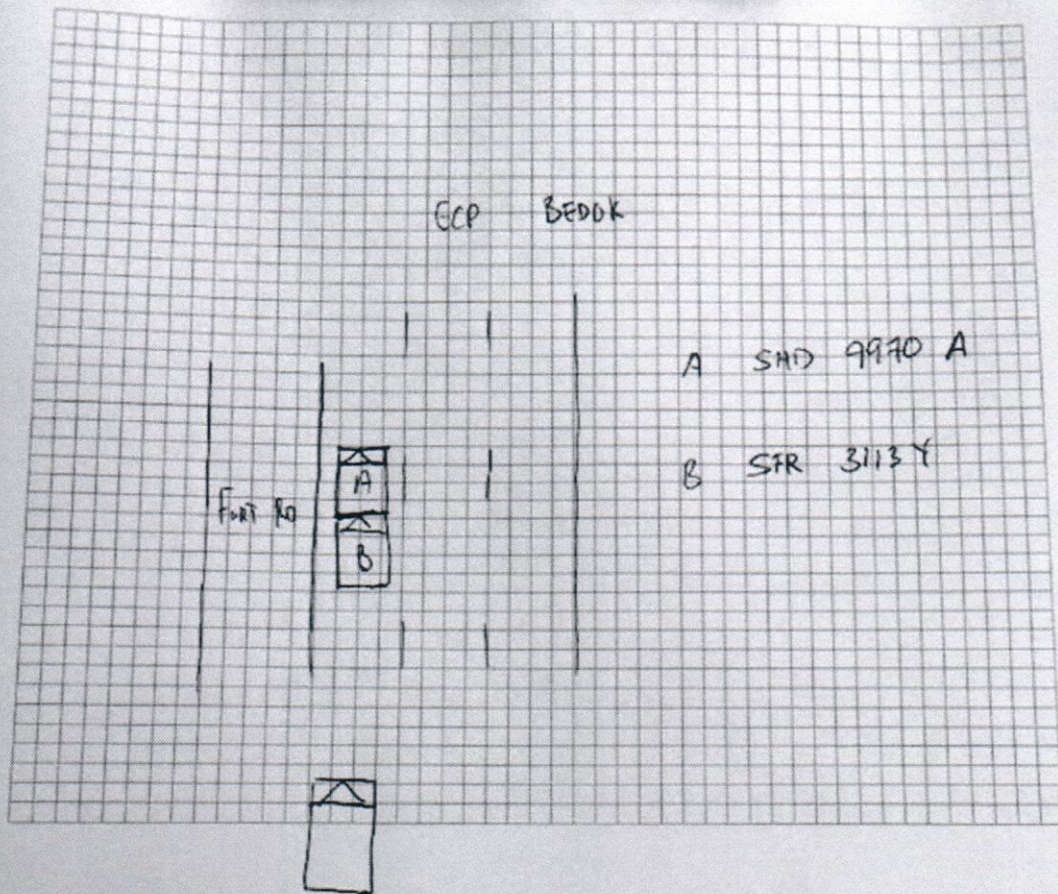
Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 30042021



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER

MUHAMMAD SUMARDI BIN MOHD AFFANDI

Policyholder's Signature
Date & Time:

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

Meng

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer as police report (T/20211211/2040)

DECLARATION

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

Policyholder's Signature
Date & Time:

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

meny

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER**

MUHAMMAD SUMARDI BIN MOHD AFFANDI

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


**SINGAPORE
POLICE FORCE**


T/20211211/2040

2 of 3

Report No. T/20211211/2040

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SFR3113Y (Car)		Contact No. 97348699
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
Driver			
Name	HENG YEOW MENG		ID No. S17463511
Related Vehicle	SHD9970A (Taxi)		Contact No. 85755375
Hospital/Clinic	MOUNT ALVERNIA HOPSITAL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	11/12/2021	Date Discharge	11/12/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 10/12/2021 at about 2245hrs, I was driving my Taxi bearing Reg No: SHD 9970A along ECP towards Bedok and had a rear passenger with me. I had travelled past Fort Road and at that moment, traffic was heavy and vehicle is building up.

Out of a sudden, I felt an impact from the rear. I realized that a vehicle bearing Reg No: SFR 3113Y had hit my vehicle from the rear. I have no idea where the vehicle had merged from as to my knowledge there's a lorry at my rear.

I had enquired with my passenger however she does not requires any immediate medical attention. Both of us did not suffer any visible injury apart from feeling giddy due to the impact.

Today I had sought treatment at Mount Alvernia and was give 5 days MC dated from 11/12/2021 till 15/12/2021. (Ref No: M2100007644). I felt pain and discomfort on my neck, shoulder blade and my back area.

I am lodging a Traffic Accident Report as required.

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD9970A

Not Authentic
Pulmonary B4 paint
@ 7072.35

AAD2112-054.

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

14 DEC 2021**SHD9970A**

JTDKB3FU003091526

TOYOTA

PRIUS GEN 4

10/12/21

T. & K. 10.

24/09/2020

PART		LIST	
1	COVER, REAR BUMPER	\$	B1 485.60 ✓
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	\$	B1 332.70 ✓
1	COVER, REAR BUMPER, LOWER	\$	B1 22.00 ✓
1	GUARD, REAR BUMPER, CENTER	\$	B1 374.50 ✓
1	RETAINER, REAR BUMPER SIDE, LH	\$	NJP 132.60 X
1	RETAINER, REAR BUMPER SIDE, RH	\$	NJP 132.60 X
1	REFLECTOR ASSY, REFLEX, LH	\$	Sm 39.00 X
1	REFLECTOR ASSY, REFLEX, RH	\$	CM 39.00 ✓
1	LENS & BODY, REAR COMBINATION LAMP, RH	\$	B1 339.60 ✓
1	LENS & BODY, REAR COMBINATION LAMP, NO.2 RH	\$	CM 261.00 ✓
1	PANEL SUB-ASSY, BACK DOOR	\$	B1 1,147.80 ✓
1	GLASS, BACK WINDOW FIX	\$	Shorting 761.40 ✓
1	MOULDING, BACK WINDOW, OUTSIDE LH NO.2	\$	me 30.90 ✓
1	SPOILER SUB-ASSY, REAR	\$	Sm 1,575.40 X
1	LAMP ASSY, CENTER STOP	\$	Sm 192.30 X
1	LAMP ASSY, REAR, RH	\$	CM 293.60 ✓
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	\$	me 54.60 ✓
1	PLATE, BACK DOOR NAME, NO.1	\$	me 54.60 ✓
1	ORNAMENT SUB-ASSY, BACK DOOR	\$	me 47.90 ✓
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	\$	CM 913.60 ✓
1	BOARD ASSY, BACK DOOR TRIM	\$	Sm 259.20 X
1	WEATHERSTRIP, BACK DOOR	\$	Sm 372.30 X
1	ANTENNA, ELECTRICAL KEY	\$	Sm 72.00 X
1	PAN, REAR FLOOR	\$	K 583.40 X
1	BOARD, REAR FLOOR, NO.1	\$	Sm 519.00 X
1	PANEL ASSY, DECK TRIM SIDE, LH	\$	Sm 355.90 X
1	PANEL ASSY, DECK TRIM SIDE, RH	\$	Sm 355.90 X
1	BOX, DECK FLOOR, REAR	\$	Sm 105.80 X

Trans-cab Auto Services Pte Ltd**AAD2112-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD9970A

1 BOX, DECK FLOOR, RH	\$	Sm	313.60	X
1 BOX, DECK FLOOR, LH	\$	Sm	313.00	X
1 COVER, FLOOR UNDER, NO.1 LH	\$	Sm	175.10	X
1 COVER, FLOOR UNDER, NO.2 RH	\$	Sm	241.90	X
1 COVER, REAR FLOOR CTR	\$	Sm	229.90	X
1 COVER, DECK TRIM, REAR	\$	Sm	126.70	X
1 PANEL SUB-ASSY, BODY LOWER BACK	\$	Sm	651.00	✓
1 STAY ASSY, BACK DOOR, LH	\$	Sm	242.50	X
1 STAY ASSY, BACK DOOR, RH	\$	Sm	242.50	X
1 HINGE ASSY, BACK DOOR, LH	\$	N	61.00	X
1 HINGE ASSY, BACK DOOR, RH	\$	N	61.00	X
1 PANEL SUB-ASSY, QUARTER, RH	\$	R	871.50	X
1 LINER, REAR WHEEL HOUSE, RH	\$	Sm	139.80	X
TOTAL	\$		13,523.70	
25%	\$		3,380.93	
	\$		10,142.78	

Special Nett

1SET PARKING AID	\$	Nd	700.00	220sm
1SET REAR BUMPER CLIP	\$	N	95.00	50sm
2 WINDSCREEN SEALANT	\$	N	150.00	80sm
1 WINDSCREEN MOULDING	\$	N	200.00	✓
1 WINDSCREEN INNER SPONGE SEAL	\$	N	130.00	30sm
1 REAR BUMPER PROTECTOR	\$	Nsp	180.00	X
1SET REAR BUMPER RETAINER CLIP	\$	N	85.00	X
1 REAR SPOILER CLIP	\$	N	70.00	X
1 END PANEL TRIM CLIP	\$	N	65.00	X
1 REAR TAILGATE STICKER "Trans-Cab"	\$	N	80.00	30sm
1 REAR TAILGATE STICKER "6555-3333"	\$	N	80.00	30sm
1SET BUMPER CLIP FRT	\$	N	95.00	X
1 REAR NUMBER PLATE WITH MOULDING	\$	Nd	200.00	45sm
TOTAL	\$		2,130.00	

TOTAL PARTS \$ 12,272.78**LABOUR**

Trans-cab Auto Services Pte Ltd**AAD2112-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD9970A

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	300.00	1801
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	801
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,200.00	7001
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	180.00	601
To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.	\$	480.00	X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	480.00	X
To dismantle and refit aircon assy and attachment, vacuum and charge-in-gas.	\$	nn 380.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	nn 380.00	X
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	601
Towing Fees	nn \$	(Bill) 150.00	X
Putty And Spray Painting Of The Affected Portion.	\$	2,200.00	8801

Trans-cab Auto Services Pte Ltd**AAD2112-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD9970A

To reinstall rear bumper parking sensor.	\$	170.00	50%
To Check Electrical Lighting Concerned.	\$	170.00	20%
To transfer of luggage floor panel fittings, attachment and perform water seepage test.	\$	380.00	X
To transfer of tire, rim and on wheel balancing.	\$	220.00	X
To replace, refix and top up coolant for radiator	\$	170.00	X
To lift-up / out engine with gear box and refit.	\$	440.00	X
To remove and refit radiator support cross-member and other necessary items to enable bodywork repair.	\$	380.00	X
To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.	\$	380.00	X
TOTAL	\$	10,290.00	
Over All Total	\$	22,562.78	

(PART-BY-PART) Repair Days**25 DAYS**

6 days

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: