



JOHN LAW CHAMBERS LLC

Advocates & Solicitors

Commissioner For Oaths and Notary Public UEN/GST REG. NO. 201938836C

60216876

30 DEC 2021

Your Ref: TO BE ADVISED Our Ref: JLC.2021.2921.PD(A)

We Do Not Accept Service of Court Documents by Fax or Email.

WITHOUT PREJUDICE SAVE AS TO COSTS

AXA INSURANCE 8 SHENTON WAY,

SINGAPORE 068811.

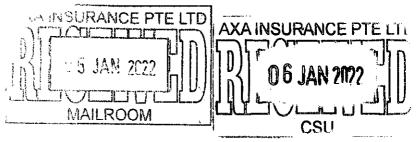
3019995503--2 #24-01 AXA TOWER.

BY PDX (8176)

Attn: Motor Claims Department

Dear Sir/Madam,

CLAIMANT: YUAN LONGGEN



ACCIDENT INVOLVING MOTOR VEHICLES SMQ8898E AND SLQ9082X ALONG JALAN MATA **AYER ON 06.11.2021 AT ABOUT 1453 HOURS.**

- 1. We act for YUAN LONGGEN, the owner of vehicle No. SMQ8898E involved in the abovementioned road accident, in his/her claim for damages of the consequential property losses and expenses incurred as a result of the said accident.
- We are instructed that the accident was caused solely or contributed by your / your authorized driver's / your insured's authorized driver's negligent driving, use and/or management of motor vehicle No. SLQ9082X.
- 3. Copies of the following supporting documents are enclosed herewith for your perusal: -

a.	Singapore Accident Statement / Police Report				
b.	GIA / LTA Receipt				
C.	Survey Report and Invoice				
d.	Rental Agreement and Invoice				

4. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows.

i,	Cost of Repair	S\$ 17,350.00
ii.	Pre-Inspection Days – 2 Days	S\$ 240.00
iii.	Rental / Loss of Use / Weekend	S\$ 1,920.00
iv.	Survey Report Fee	S\$ 1,001.00
٧.	LTA and GIA Search Fees	S\$ 7.49
vi.	Incidentals	S\$ 150.00
vii.	Cost Contribution Inclusive of GST (at this stage)	S\$ 1070.00

Page 1 of 2

133 NEW BRIDGE ROAD, #17-09 CHINATOWN POINT

SINGAPORE 059413 Tel: +65 6592 6983 Fax: +65 6592 6985 Email: general@johnlawchambers.com



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viii.	Total	S\$ 21,738.49

- 5. To the Defendants, please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurers.
- 6. The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our clients claims in respects of damages and consequential loss in relation to his personal injuries.
- 7. Please note that you or your insurers should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter.
- 8. Please note that if you have a counterclaim against our client arising out of the accident, you/your insured are required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 6 weeks of your receipt of this letter.
- 9. To the Insurers, pursuant to the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), we hereby give your Insurers/you, AXA INSURANCE, notice that we have our client's instructions to commence court proceedings against you/your insured driver without further notice should you fail to acknowledge receipt of this letter within 14 days and/or fail to reply substantively to the same within 8 weeks and/or to preserve our client's claim from being time-barred.
- 10. You may acknowledge receipt of this letter by email to: admin@johnlawchambers.com

11. Please revert.

.faithf

CNAMBERS LLC

cc: Clients

Email: general@johnlawchambers.com



Enquire Vehicle's Insurance Particulars (As At 06 Nov 2021 / 14:53:00)

Vehicle No.:

Make Description/Model:

SLC9082X

TOYOTA / CAMRY 2.0 AUTO

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20211108153042882764

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

Printed on 08 Nov 2021 15:30:45

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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- 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 truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

08/11/2021 16:08 (SGT) 06/11/2021 14:53 (SGT) Near 1 Jln Mata Ayer, Singapore 759075 Jalan Mata Ayer Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ8898E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No ...

Email Address

Mobile Phone No

Alternative Phone No.

Nο

YUAN LONG GEN

SXXXX946Z

TAIPINGYANJIANGONG2009@GMAIL.COM

(Phone) +65-90215078

+65-90215078

VEHICLE PARTICULARS

accident

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage . . . Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver ... NRIC No Mercedes

MERCEDES BENZ / E 250 SEDAN (R17)

Private use

No - Reporting only

Private car Auto

1991

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

YUAN LONG GEN SXXXX946Z



Date Of Birth 22/03/1964 Occupation Indoor Date Of Driving Pass 04/11/2010 Driving experience 11 YEARS Gender Male Mobile Number (Phone) +65-90215078 Alt. Phone Number +65-90215078 **Email Address** TAIPINGYANJIANGONG2009@GMAIL.COM Address Blk 411 sembawang Drive #03-752 Address complement Postcode 750411 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 Collision - Major/Minor Rd 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? No Was any injured conveyed to hospital by ambulance? 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 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 SKetch Plan ATTACHMENT(S) Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

No

Vehicle Registration Number SLC9082X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement



Was there any video captured by Car Camera?

Was there any audio recorded?

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

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part
 of 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.
- 8y 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)
 - Funderstand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ["GIA"] may/are permitted to collect, use, disciose and/or process my personal data/personal information set cut in the [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 insurer's 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 delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) Complying with appliable 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 functuding their lawyers/faw 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, investigation, 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.

78/X) 4 15

Reporting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder) Name: (w)

Date & Time:

NRIC/FIN No:

Thereby authorise SME Motor P/L Send my accident report to:

reports@maxmotors.com,sg

	Sketch Plan
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
I was approaching along due to a talke light.	JIM MATA ALER There thas I slown down my volunce Suddonly which is him me Som the may.
N1.	
DECLARATION I We declare the foregoing particulars a	ire true in every respect.
Policyholder's Signature Date & Time	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name : (40)

(if driver is not the policyholder) Date & Time

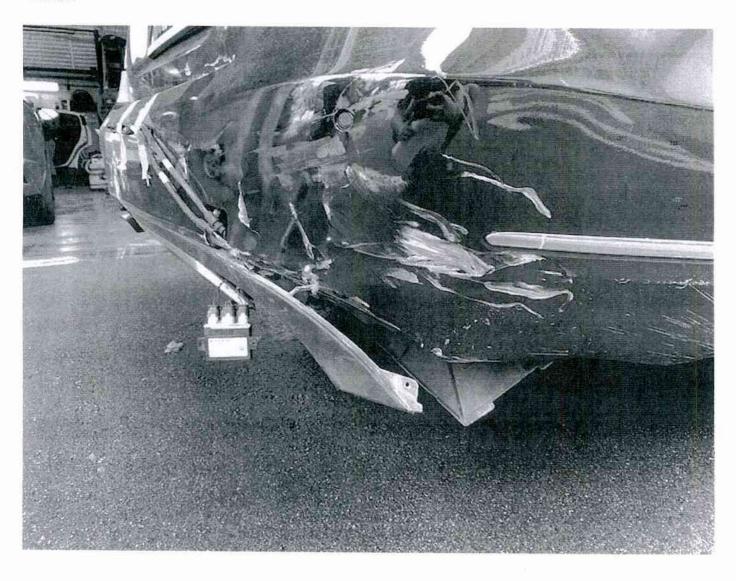
NRIC / FIN NO:





















MAX MOTORS

1 Kaki Bukit Ave 6, #01-98 Autobay@ Kaki Bukit Blk E . Singapore 417883 Reg. No : 53196198B

Singapore

DATE:

22 December 2021

Proforma Ref No: Pl/21/0012/1045TP

YUAN LONG GEN

Vehicle No:

SMQ8898E

Accident Date: 06 November 2021

Vehicle Model: E 250

PROFE	ORMA-INVOICE	and the same of th
Lump Sum Repair Cost	\$	17,350.00
FOTAL AMOUNT :	\$	17,350.0



CARS-88-HIRE-PTE-LTD

7030 ANG MO KIO AVENUE 5 #02-16 NORTHSTAR @ AMK SINGAPORE 569880 UEN: 201820615D

Invoice

Invoice No:

00005784

Date:

22/11/2021

Page:

1

Bill To KT MOTORWERK 3012 BEDOK INDUSTRIAL PARK E #01-2020

Sales Person	P.O. Number	Date Shipped	Shipped Via	Terms
	SLV4457G			C.O.D.

Description	Car Plate	Car Description	Amount (S\$)

HIRER NAME: YUAN LONG GEN

SLV4457G

MAZDA 3

1,920.00

NRIC: S2759946Z

SINGAPORE 489978

REPLACEMENT CAR PLATE NO: SMQ8898E

BILLING PERIOD: 06/11/2021 - 12/11/2021 (16 DAYS)

RATE: \$120/DAY

Total:

1,920.00

CARS 88 HIRE PTE LTD (Reg No: 201820615D)
7030 ANG MO KIO AVE 5 NORTHSTAR @ AMK .#02-16-SINGAPORE-569880TEL: 8790 3070 FAX: 6732 2808 EMAIL: leasing@cars88.sg

VEHICLE RENTAL AGREEMENT

DATE:

This is a rental agreement between us CARS 88 HIRE PTE LTD UEN No. 201820615D AND

HIRER PARTICULARS

Full Name (As in NRIC):	Yuan Longgen		NRIC: 527599462
Residential Address:	BIKHII Sembawang	Drivo # 0	3-752 (S)75041
Contact No:	90215078		
Email Address:	taipingyan jiang ong 2009	@ gmail =	low

2. **DESCRIPTION OF VEHICLE ("THE VEHICLE")**

Registration No:		SLV4457G	Colour:		GREY
Make:		MAZDA	Model:	Mazda3	sedan1.5At Eu6
Chassis No:	Jm6	bn22a8h0158345	Engine No:		P520451018

2.	RENTAL RATE &	DURATION

12.45 pm Start Date: 6.11.2021 15.15pm End Date: 22.11.2021. Rates Per Day / Week / Deposit: Month

Petrol Out:

*Empty/1/4 tank/1/2 tank/3/4 tank/Full (Vehicle must be returned with same level of petrol)

3. **EXCESS**

Section 1	\$3,000.00	Section II	\$2,000.00
occion i	\$2,000.00	Section ii	,\$2,000.00
			· ·
	.		l l

Signed by Cars 88 Hire Pte. Ltd.

Signed by the Hirer.

WG APPRAISAL SERVICES

Blk 224B, Compassvalve Walk, #07-647.Singapore 542224 Email: Winsongkk@hotmail.com Contact: 9747 0063 Company Register No. 53326249J

Our Ref:

WG/TP/2021-213

Invoice No:

TP/MAX/2021-213

Vehicle No:

SMQ8898E

Attn:

YUAN LONG GEN

Company:

MAX MOTORS

Address:

1 Kaki Bukit Ave 6, #01-98.Autobay @ Kakit Bukit .Singapore 417883

Invoice

Surveyor Fee:

S\$730

Re-inspection Fee:

S\$80

Transport:

S\$60

Photographs:

S\$131/- (@ \$1 per photo, total 131 photos)

Date 22 December 2021

Total:

S\$,1001

Surveyor:

Signature:

Date:

22 December 202

WG APPRAISAL SERVICES

Blk 224B, Compassvalve Walk, #07-647. Singapore 542224 Email: winsongkk@hotmail.com Contact: 9747 0063 Company Register No. 53326249J

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S: YUAN LONG GEN

C/O MAX MOTORS

1 Kakit Bukit Ave 6, #01-98

Autobay @ Kakit Bukit .Singapore 417883.

REFERENCE PARTICULARS

Date of Accident : 06 November 2021

Date of Inspection : 08 November 2021

VEHICLE PARTICULARS

: SMQ8898E Registration No

; MERCEDES BENZ Make

: E 250 SEDAN (R17) Model

Year : 2014

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good

Foot Brake : Serviceable

Hand Brake : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

Make Front Near side : Bridgestone

Front Off Side : Bridgestone Rear Near Side : Bridgestone

Rear off Side ; Bridgestone

Size 255/55R17

255/55R17 255/55R17

255/55R17

5 mm $5 \, \mathrm{mm}$

Date

Our Ref

Type of Inspection

Date of Re-Inspn

General Body Work

Engine No

Chassis No

Odometer

Colour

Steering

Lightings

5 mm

 $5~\mathrm{mm}$

Thread Balance

: 01 December 2021

: WG/TP/2021-213

: Third Party Claim

: 15 November 2021

: 27492030367356

: 104755km

: Serviceable

: Serviceable

: Black

: Good

: WDD2120362B141529

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the rear portions...

For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was \$\$17,350.00 nett at lump sum basis.(Subject to GST if applicable)

Under normal circumstances, estimated period required for repairs: Twelve (12) working days.

Enclosed One hundred and thirty -one (131) photographs depicting damage to the vehicle.

Inspection conducted at : MAX MOTORS

1 Kakit Bukit Ave 6, #01-98. Autobay @ Kakit Bukit .Singapore 417883.

In accordance to your instruction, we have not authorise repairs and inspection was conducted strictly on a "WITHOUT PREJUDICE BASIS".

VEHICLE NO: SMQ8898E Our Ref : WG/TP/2021-213

VEHICLE NO: SMQ8898E MODEL: E 250 SEDAN (R17)

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

		QTY	ASSESSED		ORIGINAL		REVISED
<u>A)</u>	SPARE PARTS	PC/SET	CONDITION		QUOTATION		<u>UOTATION</u>
01	REAR BUMPER	1	DEFORMED/CRACKED	\$	1,630.00	\$	1,630.00
02	REAR BUMPER TOP GUIDE	1	CRACKED	\$	155.00	\$	155.00
03	REAR BUMPER SIDE RETAINER LH	1	NECESSARY	\$	59.00	\$	59.00
04	REAR BUMPER SIDE RETAINER RH	1	NECESSARY	\$	59.00	\$	59.00
05	REAR BUMPER LOWER GARNISH	1	CRACKED	\$	313.00	\$	313.00
06	REAR BUMPER LOWER BRACKET	1	NECESSARY	\$	47.00	\$	47.00
07	REAR BUMPER INNER GUIDE	1	CRACKED	\$	230.00	\$	230.00
08	REAR BUMPER CHROME MOULDING LH	1	NECESSARY	\$	135.00	\$	135.00
09	REAR BUMPER CHROME MOULDING RH	1	NECESSARY	\$	135.00	\$	135.00
10	REAR BUMPER CENTRE CHROME MOULDING	1	NECESSARY	\$	198.00	\$	198.00
11	REAR BUMPER PDC SENSOR	6	MNALFUNCTION	\$	1,080.00	\$	1,080.00
12	REAR BUMPER SENSOR HOLDER	6	NECESSARY	\$	180.00	\$	180.00
13	REAR BUMPER SENSOR WIRE HARNESS	1	MALFUNCTION	\$	305.00	\$	305.00
14	REAR BUMPWR TOW COVER	i	DEFORMED/CRACKED	\$	82.00	\$	82.00
15	REAR BUMPER REINFORCEMENT	1	DENTED	\$	810.00	\$	810,00
16	REAR EXHAUST SILENCER	1	REPAIR	S	1,660.00	S	_
17	REAR EXHAUST MOUNTING	2	NOT NECESSARY	\$	40.00	\$	-
18	BOOTLID	1	DENTED	\$	2,190.00	\$	2,190.00
19	BOOTLID EMBLEM LOGO	i	NECESSARY	\$	68.00	\$	68.00
20	BOOTLID EMBLEM - E250	1	NECESSARY	\$	78.00	\$	78.00
21	BOOTLID EMBLEM - 7G-TRONIC	i	NECESSARY	\$	80.00	\$	80.00
22	BOOTLID EMBLEM - C&C	i	NECESSARY	\$	85.00	\$	85.00
23	BOOTLID LOCK	i	JAMMED	\$	359.00	\$	359.00
24	BOOTLID LOOK BOOTLID LAMP LH	i	CRACKED	\$	545.00	\$	545.00
25	BOOTLID LAMP RH	1	CRACKED	\$	545.00	\$	545.00
26	BOOTLID WEATHERSTRIP	i	DEFORMED	\$	258.00	\$	258.00
27	TAILLAMP LH	i	CRACKED	\$	645.00	\$	645.00
28	TAILLAMP RH	i	CRACKED	\$	645.00	\$	645.00
29	END PANEL	1	DENTED	\$	1,330.00	\$	1,330.00
30	END PANEL TOP GARNISH	1	CRACKED	\$	215.00	\$	215.00
31	DI COR BULLET GOLDEN CONTROL	1	DENTED	\$	1,440.00	\$	1,440.00
32	REAR COMPARTMENT TOP BOARD	1	NOT NECESSARY	\$ \$,	э \$	
33	REAR COMPARTMENT TOP BOARD REAR COMPARTMENT LOWER TRAY	1			345.00		255.00
33 34	REAR COMPARTMENT LOWER TRAY	. I	CRACKED	\$ \$	355.00	\$	355.00
35		1	CRACKED		45,00	\$	45.00
	REAR COMPARTMENT UNDER COVER RH	-	CRACKED	\$	45.00	\$	45.00
36	REAR FENDER INNER TRIM LH	1	NOT NECESSARY	\$	331.00	\$	
37	REAR FENDER INNER TRIM RH	1	DEFORMED	\$	331.00	\$	331.00
38	REAR SPARE WHEEL CLAMP	1	CRACKED	\$	45.00	\$	45.00
39	REAR EXHAUST TIP	1	GRAZED	\$	65.00	\$	65.00
40	DRIVER HEADREST	1	DEPLOY	\$	1,211.00	\$	1,211.00
41	PASSENGER HEADREST	1	DEPLOY	\$	1,211.00	\$	1,211.00
42	DRIVER SEAT BELT	1	JAMMED	\$	341.00	\$	341.00
43	PASSENGER SEAT BELT	1	JAMMED		341.00	\$	341.00
				\$	20,267.00	\$	17,891.00
			Le	ss 10% \$	2,026.70	\$	1,789.10
				-\$	18,240.30	\$	16,101.90
B)	S/NETT ITEM				10,240,30		10,101.9
44	REAR NUMBER PLATE	1	BENT	¢	90.00	¢	80.00
45	REAR BUMPER CLIP			\$		\$	
46	REAR FENDER INNER TRIM CLIP	1 SET	NECESSARY	\$	40.00	\$	30.00
46 47		1 SET	NECESSARY	S	30.00	\$	20.00
4/	JOINT SEALANT	1	NECESSARY		120.00	\$	100.00
					280.00	<u> </u>	230.00

Parts Total :

\$ 18,520.30 **\$** 16,331.90

	Total P	arts and Laboure :	\$	24,470.30	\$	21,681.90
				2,720100	<u>.</u>	2,220100
	Labour	Total:	S	5,950.00	\$	5,350.00
58	APPLY ANTI RUST ON AFFECTED AREAS		\$	200.00	\$	180.00
57	SPRAY PAINTING ON AFFECTED AREAS		\$	2,000.00	S	1,900.00
56	PANEL BEATING ON AFFECTED AREAS AND RENEW DAMAGE PAR	TS	\$	2,000.00	\$	1,800.00
55	TRANSFER PARTS, ATTACHMENT FROM OLD BOOTLID TO NEW		\$	200.00	\$	180.00
54	REMOVE AND RENEW REAR EXHAUST		\$	150.00	\$	130.00
53	REMOVE, RENEW BOTH HEADREST AND SEAT BELT		\$	200.00	\$	180.00
52	DIAGNOIS CHECK AND CLEAR FAULT CODE		\$	500.00	\$	400.00
51	RÉMOVE AND REFIT FUEL TANK		\$	150.00	\$	120.00
50	REMOVE AND RENEW REAR REVERSE SENSOR		\$	150.00	\$	120.00
49	REMOVE, REFIT REAR LINING, TRIM AND GARNISH		\$	300.00	\$	250.00
48	CHECK REAR WIRING AND LIGHTNING SYSTEM		\$	100.00	\$	90.00
C)	LABOUR CHARGES & MISC					

FINAL LUMP SUM ADJUSTMENT

\$ 17,350.00

POINT OF IMPACT

The impact was confined to the rear portion of the vehicle. The damages appeared to be consistent as per the accident report statement. Please refer the attached schedule and photographs for details.

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair the vehicle at a lump sum basis of \$\$17,350.00 nett corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully WG APPRAISAL SERVICES

Winson Golf Automotive Appraiser







