

A.S.S. REC-BY: Taufikh

REF:

CS/CT 22006028/Tgys

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / IS / TP RES / OD RES / EVA / INV / MV

To Inspect/Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

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: \$9K

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SJA 9397Y Yr Regn: 2022 DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Wish C.C. 1794Colour: White A/C: Insured / Std / NI / NASp. Reading: 253627 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ZNE 100371-731Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45 R17R: 1 1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or TouradorFront: \_\_\_\_\_ Rear: \_\_\_\_\_  
R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 24/6/22 04pmSurvey held at HD Perfect

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

Rear n/s

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

Date / Time Action / Instruction

Taufikh finalised LS \$5900, 7 days. (Red \$13056.13, 69%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 28/09 Typist

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 7Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: MER-TPLump Sum / E.B.T. 5900

Company Reg No: 202136904Z

E-mail: [hdperfectautowork@gmail.com](mailto:hdperfectautowork@gmail.com)



**HD PERFECT  
AUTOWORK PTE LTD**

**DATE : 23.06.2022**

TO : **CHINA TAIPING** MOTOR CLAIMS DEPTS  
VEHICLE NO : **SJA9397Y**  
MODEL : **TOYOTA WISH**  
DATE OF ACCIDENT : **23.06.2022**  
TIME OF ACCIDENT : **13:40HRS**

WE APPEND HEREUNDER THE ESTIMATED COST OF REPAIRS TO BE CARRIED OUT TO THE ABOVE VEHICLE.

### CLAIM DETAIL : PARTS

CLAIM DETAIL : PARTS				
S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	REAR BUMPER	1	\$ 590.00	\$ 590.00
2	REAR BUMPER REFLECTOR	2	\$ ✓ 68.00	\$ 136.00
3	REAR BUMPER BRACKET	2	\$ ✓ 70.10	\$ 140.20
4	REAR BUMPER SIDE RETAINER	2	\$ ✓ 60.00	\$ 120.00
5	TAILLAMP C/W BRACKET 417	2	\$ 520.00	\$ 1,040.00
6	TAIL LAMP PANEL LH (OUTER) 7	1	\$ 487.00	\$ 487.00
7	TAIL LAMP PANEL LH (INNER) } 297	1	\$ 496.00	\$ 496.00
8	REAR FENDER LH	1	\$ 980.00	\$ 980.00
9	REAR FENDER INNER PANEL LH	1	\$ 683.00	\$ 683.00
10	REAR FENDER INNER TRIM LH 600	2	\$ 738.10	\$ 1,476.20
11	REAR FENDER QUARTER GLASS C/W MOULDING LH	1	\$ 580.00	\$ 580.00
12	REAR FENDER INNER COWLING 290	2	\$ 380.00	\$ 760.00
13	REAR FENDER INNER BOTTOM PANEL LH	1	\$ 455.00	\$ 455.00
14	REAR FENDER AIR VENT	1	\$ 95.00	\$ 95.00
15	TAILGATE 1201	1	\$ 1,280.00	\$ 1,280.00
16	TAILGATE OUTER MOULDING	1	\$ 240.00	\$ 240.00
17	TAILGATE LOGO	1	\$ 65.00	\$ 65.00
18	TAILGATE INNER LOCK	1	\$ 445.10	\$ 445.10
19	TAILGATE LOWER LOCK	1	\$ 35.00	\$ 35.00
20	TAILGATE DAMPER	2	\$ 194.00	\$ 388.00
21	TAILGATE STOPPER	2	\$ 20.00	\$ 40.00
22	TAILGATE WEATHER STRIP 288	1	\$ 320.00	\$ 320.00
23	TAILGATE INNER TRIM (LOWER) 328	1	\$ 395.00	\$ 395.00
24	TAILGATE WINDSCREEN MOULDING	1	\$ 120.00	\$ 120.00
25	REAR FLOOR TOP BOARD 322	1	\$ 425.00	\$ 425.00

$h$  ✓  
 $LH - w$  ✓  $RH X^{nn}$   
 $LH - w$  ✓  $RH X^{nn}$   
 $LH - w$  ✓  $RH X^{nn}$   
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TO : CHINA TAIPING MOTOR CLAIMS DEPTS  
VEHICLE NO : SJA9397Y  
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26	REAR FLOOR TOP BOARD INNER SUPPORT	1	\$ 410.00	\$ 410.00
27	REAR FLOOR TOP SIDE BOARD LH	1	\$ 125.00	\$ 125.00
28	REAR END PANEL	1	\$ 480.00	\$ 480.00
29	REAR END PANEL TOP GARNISH	1	\$ 245.00	\$ 245.00
30	REAR END PANEL (EXTEND) RH	1	\$ 295.00	\$ 295.00
31	REAR JACK HOLDER PANEL	1	\$ 185.00	\$ 185.00
32	REAR CHASSIS MEMBER LH	1	\$ 1,450.00	\$ 1,450.00

TOTAL PRICE	\$	14,981.50
LESS 25%	\$	3,745.38
<b>SUB TOTAL PRICE</b>	<b>\$</b>	<b>11,236.13</b>

6641-10  
4980.82

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR BUMPER CLIPS (SET)	1	\$ 80.00	\$ 80.00
2	REAR BUMPER STICKER	1	\$ 180.00	\$ 180.00
3	TAILGATE STICKER	3	\$ 100.00	\$ 300.00
4	TAILGATE OUTER MOULDING CLIP (SET)	1	\$ 60.00	\$ 60.00
5	TAILGATE INNER TRIM CLIP (SET)	1	\$ 80.00	\$ 80.00
6	TAILGATE WINDSCREEN SEALANT	1	\$ 80.00	\$ 80.00
7	TAILGATE WINDSCREEN INNER SHIELD	1	\$ 60.00	\$ 60.00
8	TAILGATE SIDE LINING	1	\$ 80.00	\$ 80.00
9	TAILLAMP CLIP (SET)	1	\$ 50.00	\$ 50.00
10	REAR FENDER SEALANT LH	1	\$ 150.00	\$ 150.00
11	REAR FENDER INNER TRIM CLIP (SET)	1	\$ 80.00	\$ 80.00
12	REAR FENDER INNER COWLING CLIP (SET)	1	\$ 80.00	\$ 80.00
13	REAR QUARTER GLASS SEALANT LH	1	\$ 80.00	\$ 80.00
14	REAR QUARTER GLASS INNER SHIELD LH	1	\$ 60.00	\$ 60.00
15	REAR QUARTER GLASS SOLAR FILM LH	1	\$ 350.00	\$ 350.00
16	REAR END PANEL INSULATION SEAL	1	\$ 150.00	\$ 150.00
17	REAR END PANEL TOP GARNISH	1	\$ 60.00	\$ 60.00
18	REVERSE CAMERA	1	\$ 480.00	\$ 480.00

TOTAL	\$	2,380.00
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CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)	
1	REAR BUMPERS
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100	REAR BUMPERS

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	TO PANEL BEAT, REMOVE AND REPLACE PARTS	\$ 1,800.00	800
2	TO SPRAY PAINT AFFECTED AREA	\$ 1,800.00	800

TO : CHINA TAIPING MOTOR CLAIMS DEPTS  
 VEHICLE NO : SJA9397Y  
 MODEL : TOYOTA WISH  
 DATE OF ACCIDENT : 23.06.2022  
 TIME OF ACCIDENT : 13:40HRS

3	TUFF COAT	\$ 250.00	20
4	WIRING AND BULB CHECK	\$ 180.00	30
5	REMOVE AND REFIX CUSHION SEAT/UPHOLSTRY & ROOF LINING TO FACILITATE REPAIR	\$ 350.00	60
6	CONDUCT WATER LEAKAGE TEST	\$ 120.00	230m
7	REMOVE AND REFIX REAR FENDER GLASS LH	\$ 80.00	50m
8	REMOVE AND REFIX REVERSE CAMERA AND DISTANCE SETTING	\$ 80.00	30
9	TRANSFER TAILGATE MECHANISM	\$ 80.00	60
10	REMOVE AND REFIX TAILGATE WINDSCREEN	\$ 120.00	✓
11	REMOVE AND REFIX FUEL TANK	\$ 120.00	X
12	REAR CHASSIS ALIGNMENT	\$ 180.00	X
13	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 180.00	X

TOTAL \$ 5,340.00

# ESTIMATE REPORT

TOTAL PARTS COST : \$13,616.13  
 TOTAL LABOUR COST : \$5,340.00  
 TOTAL REPAIR COST : \$18,956.13

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.  
 PARTS PRICES ARE SUBJECT TO CHANGES.

YOURS FAITHFULLY,

**IRENE**

SERVICE ADVISOR  
 IRENE  
 HP : 8297 9787

4980  
 410  
 2010  
 7400  
 4595900  
 7 days #

Taufik 97495749  
 WP 24/6/22 @ 4pm  
 1/3 Resurvey after repair  
 To check repair limit

Taufik e/khandu-wu  
 2 days

Auto Consultants hence notify Repairer of the following: • Resurvey before/after spray painting • 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 re-approved and is subject to final approval from Insurance Company	Acknowledged by Repairer Signature: Date:
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# 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	24/06/2022 14:01 (SGT)
Reported by	Driver
Date of Accident	23/06/2022 13:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE (CITY) BEFORE BUKIT TIMAH RD EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA9397Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MARDIANAH BINTE MOHAMED ANWAR
NRIC No	S8211459I
Email Address	SHAHNIN9397@GMAIL.COM
Mobile Phone No	(Phone) +65-87678701
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

## INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5121552088-01

## DRIVER

Name of Driver	MOHAMMAD SHAHRIN BIN AKBAR
NRIC No	S8138430D
Date Of Birth	18/11/1981
Occupation	Indoor

Date Of Driving Pass	11/03/2021
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88089827
Alt. Phone Number	-
Email Address	SHAHNIN9397@GMAIL.COM
Address	13 MERPATI ROAD
Address complement	06-87
Postcode	370013
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR2014Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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	MOHAMMAD SHAHRIN BIN AKBAR
Gender	Male
Phone No	(Phone) +65-88089827
Address	13 MERPATI ROAD
Address Complement	06-87
Post Code	370013
Approximate Age Years Old	40
Injuries Sustained	-
Injured person in which vehicle?	SJA9397Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

# **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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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  
(Name as in NRIC/ID card)

Sketch Plan

WHA: SJA 9397Y  
WHE: SKR2014Y

Describe Circumstance of the Accident

*Attached*

*the*

*10*

*100*

Declaration

I/We declare the foregoing information is true to the best of my/our knowledge.

*[Signature]*  
 Report of Driver's Signature (Print Name & Title)

*[Signature]*  
 Driver's Signature (Print Name & Title)

*[Signature]*  
 Police Officer's Signature (Print Name & Title)

SA1E22600001

ON THE STATED DATE AND TIME. I, VEHICLE A (SJA9397Y) WAS TRAVELLING STRAIGHT ON LANE 1 OF CTE(CITY) BEFORE BUKIT TIMAH ROAD EXIT. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING COLLISION WITH THE FRONT VEHICLE. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SKR2014Y) THAT HAD COLLIDED ONTO MY VEHICLE. THE VEHICLE B (SKR2014Y) DRIVER TOLD ME THAT IS BECAUSE HE WANT TO CHANGE LANE TO LANE 2 FROM LANE 1 THEREFORE COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT MY DAMAGE PORTION IS ON THE REAR LEFT.

VEHICLE A : SJA9397Y

VEHICLE B : SKR2014Y

