Smo/22012031/kv Kenneth ASSIGNMENT SIAD 71198 Yr Regn: 11, From: Veh No: Estimated Cost: Type: M.Car / M.Cycle / Bus / Van / Lorry (Tax) Prime Mover / QD LTP WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or To Inspect Vehicle No: Make: at Workshop m/s Colour Sp.Reading T/Radio: Insured / Std / NI / NA **SMA 5017K** Insured: Eng/No: Policy No. KMHLB419MHU096242 C/No: Claims No. CMTD2204390/RUC Gen. Cond: 800d / Fair / Poor / Burnt Sum Insured: Steering: Inorder / Jammed / Leaked / Burnt or Excess: (Client's Record) Brake: Inorder / Jammed / Leaked / Burnt or Make of Veh: Modi: MIT S/Rim / STD A/Rim or 205/60R16 Tyre Size: (Policy Condition) Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or Bal, or Market Value: Front IDAC Accident Rport: Rear Consistent?: Yes or No R/Bal R/Ba! GIA / PR Seen: Consistent?: Yes or No L/Bal. L/Bal. Est. Repairs: D.O.A. 301 Lum Sum: 3 Val.: Yes or No Survey held at CA / REV / REP. / 24 HRS Des. of Damages : Frt / Rear 7 O/S / N/S / U/C / Rooftop or Vehicle: IN/OUT **FRT** Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction 13/2 Uly 88601 Cah (red 32,606.70, 79%) Date/Time, File Pass to? : Prell. Report Days Of Repair: 9 Final Report Resurvey No. of Trip: Dute/Time, File Return to? Survey Fee: 2 16/2/23-typist Transportation. Add Fee: : Site Insp (\$ 5 - RS.__SI Interview (\$ TP Report Format: Tech Invs (\$ Lump Sum / I.B.I: (\$ 8600 Weekend (\$ TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle	Owner	Particulars	s
---------	-------	-------------	---

Owner ID Type: Company
Owner ID: 821R

Vehicle Details

Vehicle No.: SHD7119E
Vehicle to be Exported: Yes

Intended Deregistration Date: 30 Nov 2022
Vehicle Make: HYUNDAI

Vehicle Model: I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Primary Colour: Blue
Manufacturing Year: 2016

Engine No.: D4FDGU712490

Chassis No.: KMHLB41UMHU096242
Maximum Power Output: 100.0 kW (134 bhp)

 Open Market Value:
 \$19,330.00

 Original Registration Date:
 10 Nov 2016

 First Registration Date:
 10 Nov 2016

Transfer Count: 0

Actual ARF Paid: \$19,330.00

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date: 09 Nov 2024
PARF Rebate Amount: \$12,564.00

Intended COE Rebate Details

COE Expiry Date: 09 Nov 2024

COE Category: A - Car up to 1600cc & 97kW (130bhp)

 COE Period(Years):
 8

 PQP Paid:
 \$41,313.00

 COE Rebate Amount:
 \$10,027.00

COE Rebate Amount: \$10,027.00

Total Rebate Amount: \$22,591.00

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 30 Nov 2022

\$J0G22C10007 / JP Knights Pte Ltd ENTRY DATE & TIME: 01/12/2022 10:20 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (01/12/2022 10:20 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

 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 Actual 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

01/12/2022 10:20 (SGT) Driver 30/11/2022 12:00 (SGT) CTE, Singapore CITY ON KAMPONG JAVA FLYOVER Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD7119E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-98808229 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Hyundai

140

Private hire

No - Claiming third party

Taxi

Auto

1685

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AXA Insurance Pte Ltd VFX/P2419138

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

DARENCE WEE KEE SENG (DARENCE HUANG QICHENG)

SXXXX236C 13/02/1974 Outdoor

Accident report SJ0G22C10007

Page 1 of 13

Date Of Driving Pass 10/12/2008 Driving experience 13 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-98808229 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 473A UPPER SERANGOON CRESCENT # 09-305 Address complement Postcode 531473 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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
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)	3
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	_

PASSENGER 1

Name	SASSA LIM
Gender	Female
PASSENGER 2	
Name	UNKNOWN
Gender	Female

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

ON 30.11.2022 AT ABOUT 1200HRS I WAS DRIVING MY VEHICLE A SHD7119E FETCHING MY PASSENGERS TO KK HOSPITAL. MY VEHICLE A WAS ON THE 1ST LANE OF CTE / CITY ON KAMPONG JAVA FLYOVER. VEHICLE B SKK1555X WHICH WAS IN FRONT SUDDENLY STOP AND I MANAGED TO STOP IN TIME. VEHICLE C SMA5017K THEN REAR ENDED MY STATIONARY VEHICLE A CAUSING MY VEHICLE A TO REAR END VEHICLE B.

MY PASSENGER COMPLAIN OF NECK PAIN. AFTER TAKING SCENE PHOTOS AND PARTICULARS EXCHANGE ONLY WITH VEHICLE C I PROCEEDED TO SEND MY PASSENGERS TO THEIR DESTINATION.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes



Yes FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKK1555X
Vehicle Manufacturer -

Vehicle Model -

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 REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA5017K

Vehicle Manufacturer -

Vehicle Model -Vehicle Variant -

Vehicle Colour -

Vehicle Category Private car

Name of Driver

Contact Number (Phone) +65-91140938

Address - Address complement -

Postcode -

Insurance Company Name

Nature Of Damage Details of property damaged in accident FRONT

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SASSA LIM
Gender Female

Phone No -

Address Complement -

Post Code -

Approximate Age Years Old 40
Injuries Sustained NECK N HEAD

Injuries Sustained NECK N HEAR Injured person in which vehicle? SHD7119E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Tunderstand, acknowledge, agree and consent that

- (a) Mylinsurer, my w orkshop 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' law yers/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;
- (fi) 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 wiell 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 & Driver's Signature (If driver is not the policyholder) / Date Time & Time 30.11.2022 1640HRS Personnel Ryming of Sketch Plan

B - SKK1555X CTE/ CITY KAMPONG JAVA FLYOVER

C - SMA5017K

Describe Circumstances of the Accident

ON 30.11.2022 AT ABOUT 1200HRS I WAS DRIVING MY VEHICLE A SHD7119E FETCHING MY PASSENGERS TO KK HOSPITAL. MY VEHICLE A WAS ON THE 1ST LANE OF CTE / CITY ON KAMPONG JAVA FLYOVER. VEHICLE B SKK1555X WHICH WAS IN FRONT SUDDENLY STOP AND I MANAGED TO STOP IN TIME. VEHICLE C SMA5017K THEN REAR ENDED MY STATIONARY VEHICLE A CAUSING MY VEHICLE A TO REAR END VEHICLE B.

MY PASSENGER COMPLAIN OF NECK PAIN. AFTER TAKING SCENE PHOTOS AND PARTICULARS EXCHANGE ONLY WITH VEHICLE C I PROCEEDED TO SEND MY PASSENGERS TO THEIR DESTINATION.

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date ^{& Time} 30.11.2022

1645HRS

Not Notherite 11 Sup & Runny After 1 Awaiting for Book Va,

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE:

1-Dec-22

INSURANCE:

MODEL:

HYUNDAI 140

VEHICLE NO.: SHD 7119 E

DESCRIPTION		QTY	L	IST PRICE	AMOUNT	7
BOOTLID	A		\$	2,174.90		1
BOOTLID RUBBER	6	1	\$	96.50	\$96.50	7 -
BOOTLID HINGE (LH/RH)	,	2	\$	284.60	\$569.20	
BOOTLID LOCK UPPER	,	1	\$	114.90	\$114.90	
BOOTLID LOCK LOWER		K 1	\$	31.70	\$31.70	1 .
BOOTLID 140 EMBLEM (140)	Ne		\$	67.90	\$67.90	1
BOOTLID 'H' EMBLEM	n		\$	63.10		
BOOTLID CRDI PLATE	n		\$	52.40	\$63.10	1
BOOTLID LAMP (LH/RH)	lsom	2	\$	1,131.20	\$52.40	1
LICENSE LAMP (LH/RH)	1,	~ 2	\$		\$2,262.40	1
BOOTLID TRIMBOARD	P	~ 1	\$	56.10	\$112.20	X
BOOTLID TRIMBOARD CLIPS (11 PCS)	N	~1		343.90	\$343.90	X
BOOTLID LOWER GARNISH CHROME(I40)		5	\$	11.00	\$11.00	1
REAR BUMPER	R	(1)	\$	385.30	\$385.30	X
REAR BUMPER REINFORCEMENT BRACKET LI		1)	\$	1,106.00	\$1,106.00	_
REAR BUMPER REINFORCEMENT		72	\$	160.60	\$321.20	
REAR BUMPER CLIP (10 pcs)	cm	(1)	\$	428.40	\$428.40	_
REAR BUMPER BRACKET	ne	1	\$	22.00	\$22.00*	_
REAR BUMPER SPONGE	COL	-	\$	35.60	\$35.60	2
REAR BUMPER UNDER COVER	cn		\$	119.50	\$119.50*	_
REAR BUMPER REFLECTOR LAMP (I40)	12	1	\$	228.00	\$228.00	X
All I AMP (I H/PH)	10		\$	32.00	\$32.00	X
All LAMP CHAPTER	clsin		\$	697.80	\$1,395.60	4
EAR PANEL	dj R	2	\$	453.00	\$906.00	4
EAR PANEL LOWER	R	1 5	5	526.70	\$526.70	_
	Ry	1 5	3	495.50	\$495.50	_
	MIN	1 9		57.70	\$57.70	_
ANEL ASSY-REAR FLOOR SIDE (LH/RH) PARE TYRE HOLDER	R	2 \$		180.20		×
PARE WHEEL LOCK NUT	Su	1 \$		248.00		<
THE LOCK NOT	14	1 \$		41.80		X

SPARE TYRE PANEL	R	1.1	\$	852.80	\$852.80	7
SPARE TYRE PANEL CUSHION	In	1	\$		\$223.10	٦,
BONNET	13	(1)		\$2,508.80	\$2,508.80	1
BONNET RUBBER (LH)	Sin	-	\$	35.70	\$35.70	1
BONNET RUBBER (RH)	In	1	\$	35.70	\$35.70	1
BONNET HINGE (LH/RH)	1	2	\$		\$253.40	1
BONNET LOCK	n		\$	142.40	\$142.40	7
BONNET ABSORBER (LH/RH)	Su	2	\$	61.60	\$123.20	
BONNET INSULATOR	g.		\$	202.50	\$202.50	1
BONNET INSULATOR CLIP 10 PCS	N	1	\$	36.80	\$36.80	1
BONNET SEAL	Pr	1	\$	31.90	\$31.90	1
BONNET CABLE	Pa	- 1	\$	69.60	\$69.60	7
RADIATOR GRILLE H EMBLEM	le G	1	\$	129.50	\$129.50	1
RADIATOR GRILLE	Cn	1 1	\$	1,480.00	\$1,480.00	1.
FRONT BUMPER COVER	cm		\$	1,052.20	\$1,052.20	1
FRONT BUMPER SPONGE	Cr	21 1	\$	379.20	\$379.20	1
FRONT BUMPER REINFORCEMENT	B		\$	588.40	\$588.40	1.
Front Bumper Centre Grille	1-	1	1 1	\$178.60	\$178.60	1
FRONT BUMPER GRILLE (LH/RH)	ols no		\$	149.20	\$298.40	1
FRONT BUMPER LIP	Su		\$	152.00	\$152.00	
FRONT BUMPER BRACKET TOP (LH/RH)	R	2	\$	44.80	\$89.60	,
FRONT BUMPER BRACKET (LH/RH)	N	2	\$	49.20	\$98.40	1
FRONT BUMPER RETAINER MOUNTING LH/RH	cison		\$	76.20	\$152.40	1
FRONT BUMPER GRILLE AIR DUCT (LH/RH)	f2	٣ 2	\$	126.20	\$252.40	1
WIPER CONTAINER ASSY RH	R	_1	\$	281.60	\$281.60	1
HEADLAMP SUPPORT PANEL ASSY	cm	3	\$	907.40	\$907.40	-
HEADLAMP (LH/RH) Oly		73		2,776.00	\$5,552.00	1
HEADLAMP SUPPORT TOP COVER	Su	1	\$	222.60	\$222.60	X
RADIATOR	In	1	\$	1,637.20	\$1,637.20	1
RADIATOR GUARD (LH/RH)	9-	2	\$	76.50	\$153.00	×
RADIATOR BRACKET (LH/RH)	Sm	2	\$	13.00	\$26.00	X
RADIATOR FAN BLADE, COWLING, MOTOR ASSY	1 54	1	\$	1,194.20	\$1,194.20	X
RADIATOR EXPANSION TANK	Su	1	\$	163.80	\$163.80	X
IORN UNIT (LH/RH)	14	2	\$	73.80	\$147.60	X
RONT FENDER (RH)	13	(17)	\$	663.00	\$663.00	L
RONT FENDER APRON PANEL (RH)	n	Y	\$	637.00	\$637.00	X
RONT FENDER SHIELD (RH)	CM	1	\$	174.90	\$174.90	1-

				(4) (4)	
AIRCON CONDENSER		Sn	1	\$ 947.80	\$947.80
WIPER CONTAINER		B	1	\$ 61.90	\$61.90
WIPER CONTAINER MOTOR		PL	1	\$ 75.00	\$75.00
WIPER WASHER TANK HOSE		1-	1	\$ 54.90	\$54.90
FRONT WHEEL RIM (RH)		Ph	<u>_1</u>	\$ 650.60	\$650.60
FRONT WHEEL HUB CAP (RH)		cn	K1)	\$ 214.20	\$214.20
KNUCKLE ARM (RH)	Sz		1	\$ 1,104.00	\$1,104.00
FRONT WHEEL BEARING HUB (RH)	No	Ne	1	\$ 863.80	\$863.80
FRONT SUSPENSION LOWER ARM (RH)	Sh	2	1	\$ 595.90	\$595.90
FRONT SHOCK ABSORBER ASSY (RH)	Sm	13	1	\$ 684.40	\$684.40
FRONT SHOCK ABSORBER MOUNTING (RI	H)	۶.	1	\$ 217.60	\$217.60
STG TIE ROD (RH)		1'h	1	\$ 186.40	\$186.40
STG TIE END (RH)	7111	Su	1	\$ 125.20	\$125.20
STABILIZER BAR ASSY		JL.	1	\$ 463.70	\$463.70
STABILIZER BAR LINK (RH)		Sh	1	\$ 85.90	\$85.90
FRONT DRIVE SHAFT (RH)		1	1	\$ 2,061.60	\$2,061.60
RACK & PINION ASS.Y		r	1_	\$ 1,820.00	\$1,820.00
SUB TOTAL		HILLION SET A			\$43,950.00
LESS 20%		and the same			\$8,790.00
DISCOUNTED TOTAL					\$35,160.00
BOOTLID COMFORT LOGO & TEL NO. STIC	KER	SN	1	\$ 30.00	12 \$30.00°
REAR NO. PLATE	In	SN	1	\$ 25.00	\$25.00
REAR BUMPER REVERSE SENSOR	shan		1	\$ 135.70	\$135.70
REAR BUMPER RUBBER MAT / 140 PLATE	M	SN	1	\$ 50.00	\$50.007
FRONT NUMBER PLATE	In	SN	1	\$ 25.00	\$25.00
FRONT NO. PLATE TRIM COVER	JL	SN	1	\$ 30.00	\$30.00
FRONT TYRE (RH)	Sin	SN	1	\$ 216.00	\$216.00
COOLANT	M	SN	1_	\$ 45.00	\$45.00°
SUB TOTAL				 - upperior	\$556.70
Labour Charge					
Panel Beating			1	\$ 2,000.00	\$2,000.00
Spray Painting Charge			1	\$ 1,800.00	\$1,800.00
Wiring*Charge		10	1	\$ 100.00	\$100.00

x) ナナナナ

2001 2001 01

Tuff Kote	1-1-	\$ 100.00	\$100.00
Towing Charge	1	\$ 80.00	\$80.00
Remove/Refix Reverse Sensor	1	\$ 120.00	\$120.00
Four Wheel Alignment	(1)	\$ 120.00	\$120.00
Remove/Refix Undercarriage (Frt)	1	\$ 400.00	\$400.00
Remove/Refix Radiator	1	\$ 90.00	\$90.00
Remove/Refix Aircon & Refill Gas	1	\$ 130.00	\$130.00
Diagnostic & Resetting To Erase Fault Code	1	\$ 550.00	\$550.00
TOTAL LABOUR			\$5,490.00
ESTIMATE TOTAL			\$ 41,206.70

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company. Please send your book value request to: claims_ltr@bifrostauto.com

LKK Auto Consultants hence notify

the Repairer of the following:

- To resurvey before/arter spray painting
 To display damaged partist during resurvey
- · Parts prices are subject to confirmation
- Third party survey is on a "Without Sequence" basis
- No illegal modification(s) is alique.
- Supplementary item(s) must be resur-keyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

601 2001 501

1001 ?

CITY AUTO PTE LTD

BLK 8 SIN MING IND. EST., #01-58/60/62 SINGAPORE 675643

Phone Number:

6453-1235

Fax Number:

6453-7944

Customer:

LIM TAN

Date:

12/1/2022 4:08 PM

Company:

VIN

01-42

License NO:

SHD 7119E

Technician: Order NO:

Odometer:

VEHICLE ALIGNMENT REPORT HYUNDAI, I40 VF Series, 15-16 (Customized)

Primary Angles			Initial	Specifi Min.	Fina!	
	Caster	Leit	4:37	3:54	Max	4:48
		Right	4 46	31541	4 54	4 '54'
	Camber	Left	-0°30°	-1:00'	0.00	-0.18
Front		Right	-2'48'	-17001	0.00	-2:42
	Toe	Left	-0 08i	-0.08,	0.09,	-2'36'
		Right	0:09	-0:09'	01061	3,20,
		Tota!	5.05	-0.12	0,45,	-0.08.
	Caribei	2011	1 -1 05	-1:30	-0.30	-1 ¹ 06
		Right	-01541	-1:30	-0130	-0:54
Rear	Tos	Laft	3.39	0.00,	9-45.	0.35,
24-511		Right	-01241	3100	0.12	-0.27
		Total	0.15	0.00	0.24	0.15.
	Finast Angle	THE REAL PROPERTY OF THE PROPE	0.31	1	-4-	0:33
Carpana da	the specimens with the second section of the second	And the second of the second or control of the second of t	Initial	Specifi	cations	Final
Seconda	ry Angles		111321	Min.	Max.	1 4113
SAI		Left	12/54	13 18'	14 18	12:54
376 376		Right	44:30	13:18'	14718	14/30
Included Ang	ıla .	Left	12 24'	****		12:36
	. .	Right	11'42'	1	0:00' 0:06' 0:06' 0:12' -0:30' -0:30' 0:12' 0:12' 0:24 	11,48
Toe Out On	Turns	Left		i		
100 001 011	. 5 11 100	Right			****	
Max Turn ins	ide	Left				
THUR TENT IND		Right			****	
Toe Curve Ci	cende	Left				
100 00110 01	121.30	Right				
Setback		Front	1mm		****	1mm
		Rear	6mm			5mm
Track Width Wheel Base			-2mm -5mm			-2mm -3mm
Front Ride H		Left	b.et a.	-444	delet	
LIONE MUST	ola ir	Right				
Rear Ride Ha	eight	Left		1		
		Right			****	****
Frame Angle						

ONE STOP AUTOMOTIVE SOLUTION