

SMB 13945

REF:

NS/INC17021705/Srbe2

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:

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMB 13945

Yr Regn:

16/10/2013

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

Truck / Trailer or

Make:

man N L 310F

c.c

10518

Colour:

Multi Colour

A/C:

Insured / Std / NI / NA

Sp. Reading

304677

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WM/HA 22Z 43D 700/945

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

275/70R225

R:

"

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

TOYO / YOKO or

Goodyear

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

9/11/2017

D.O.I.

13/11/2017

Survey held at

SMB

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

SMB 13945 - NS/INC13022914 / RICBU2

DUA: 16/11/13

PC 3639H - X

Confirm L13 \$5500.00, 6 days
Red \$5393.80, 50%.

RECEIVED 18 DEC 2013

RECEIVED 20 DEC 2013

Date/Time, File Pass to?



Preli. Report

1) typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

6

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format:

TP

Lump Sum / I.B.I. (\$

\$5500

Add Fee:



Site Insp (\$

) \$ + RS \$



Interview (\$

) Photos



Tech. Invs (\$

) Others



Weekend (\$

)

TOTAL

160

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0973107-002	COMFORT TRANSPORTATION PTE LTD	SHA 6067T	SLU 3728L	09/12/2017	1:10	\$ 2,355.88	\$ 1,050.00
2	MT/0973333-002	COMFORT TRANSPORTATION PTE LTD	SHA 5334D	PA 7506S	10/12/2017	1:40	\$ 2,914.06	\$ 802.48
3	MT/0973648-002	COMFORT TRANSPORTATION PTE LTD	SHD 6887C	SK 8561T	13/12/2017	16:10	\$ 2,461.58	\$ 850.00
4	MT/0973601-002	COMFORT TRANSPORTATION PTE LTD	SHD 8837J	SIN 6258S	13/12/2017	12:40	\$ 1,250.48	\$ 280.00
5	MT/0973067-002	COMFORT TRANSPORTATION PTE LTD	SH 7284J	GBD 4397	10/12/2017	17:10	\$ 5,365.04	\$ 2,450.00
6	MT/0970758-002	SMRT AUTOMOTIVE	SHC 4517P	SJV 9264L	21/11/2017	9:00	\$ 2,259.50	\$ 900.00
7	MT/0969123-002	SMRT AUTOMOTIVE	SMB 1394S	PC 3639H	09/11/2017	12:20	\$ 10,893.80	\$ 5,500.00

Claim received from LKK



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Pong Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52993756E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OP (PVT) LTD Ref: NC/INC17021705/Srb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSE SINGAPORE 189556

Date: 14-11-2017



Code: INC4

1.

Insured Veh.	PC 3639H	Veh. Inspected	SMB 1394S
Policy No.	5071620173	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	13/11/2017

2.

Make & Model		Insured Name	
Engine No.	HIDDEN	Accident Date	0
Chassis No.		Vehicle Type	
Odometer		Insured Address	
Brakes		Mod c	
General			

3.

	Size	Insured Name	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4.

	of	es	
--	----	----	--

5.

Accident Date	09/11/2017	Inspection Date	13/11/2017
Survey held at	SMRT AUT 60 WOODL	PTE	
		ARK	SINGAPORE 757705

5a.

A) THE INSPECTION WAS CONDUCTED IN ACCORDANCE TO YOUR POLICY	IC	OUT	"ICE" BASIS.
		HAVI	UTHORISED REPAIRS.

eBaoTech

Hello, NAC_PAYA_UBI_800601

General Claim

[My Desktop](#)
[Notice of Loss](#)[Change Language](#) [Change Password](#) [Log Out](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/11/2017 13:26"/>
Vehicle No. (For Motor)	<input type="text" value="PC3639H"/>		
<input type="button" value="Search"/>			

Select	Policy No.	Policyholder Name	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5071620173-02	AUTOSCOON OF LTD.	GBS	Comprehensive	PC3639H	PC3639H	14/05/2017	13/05/2018

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 ability.
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 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 Report	13/11/2017 11:16
Date Of Accident	09/11/2017 12:20
Exact Location Of Accident	JUNCTION OF WOODLANDS AVE 1 & WOODLANDS DR 16
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1394S
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	MAN
Model	BUS

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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category BUS

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	DII027592MFBP
Cover Note Number	

Driver

Name of Driver	MOHAMMAD AL RAHMAN BIN KAMARULIZAM
Passport No/FIN	G2724661W
Date Of Birth	30/12/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/01/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

-

-

-

Insurance Company of Driver's Own Vehicle

-

-

-

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 this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

MY BUS WAS STATIONARY ALONG WOODLANDS AVE 1 JUNCTION WITH WOODLANDS DR 16, TOWARDS WOODLANDS INTERCHANGE WAITING FOR TRAFFIC LIGHT TO TURN GREEN. WHEN SUDDENLY A VAN, PC3639H CAME FROM BEHIND AND THE LFRT FRONT PORTION OF THE SAID VAN COLLIDED ONTO MY BUS REAR RIGHT PORTION. NO PAX ONBOARD AT THE MATERIAL TIME.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC3639H

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver NOR HANI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

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 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

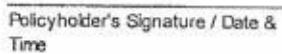
Witnessed by Reporting Centre Personnel

Sketch Plan

As Attached

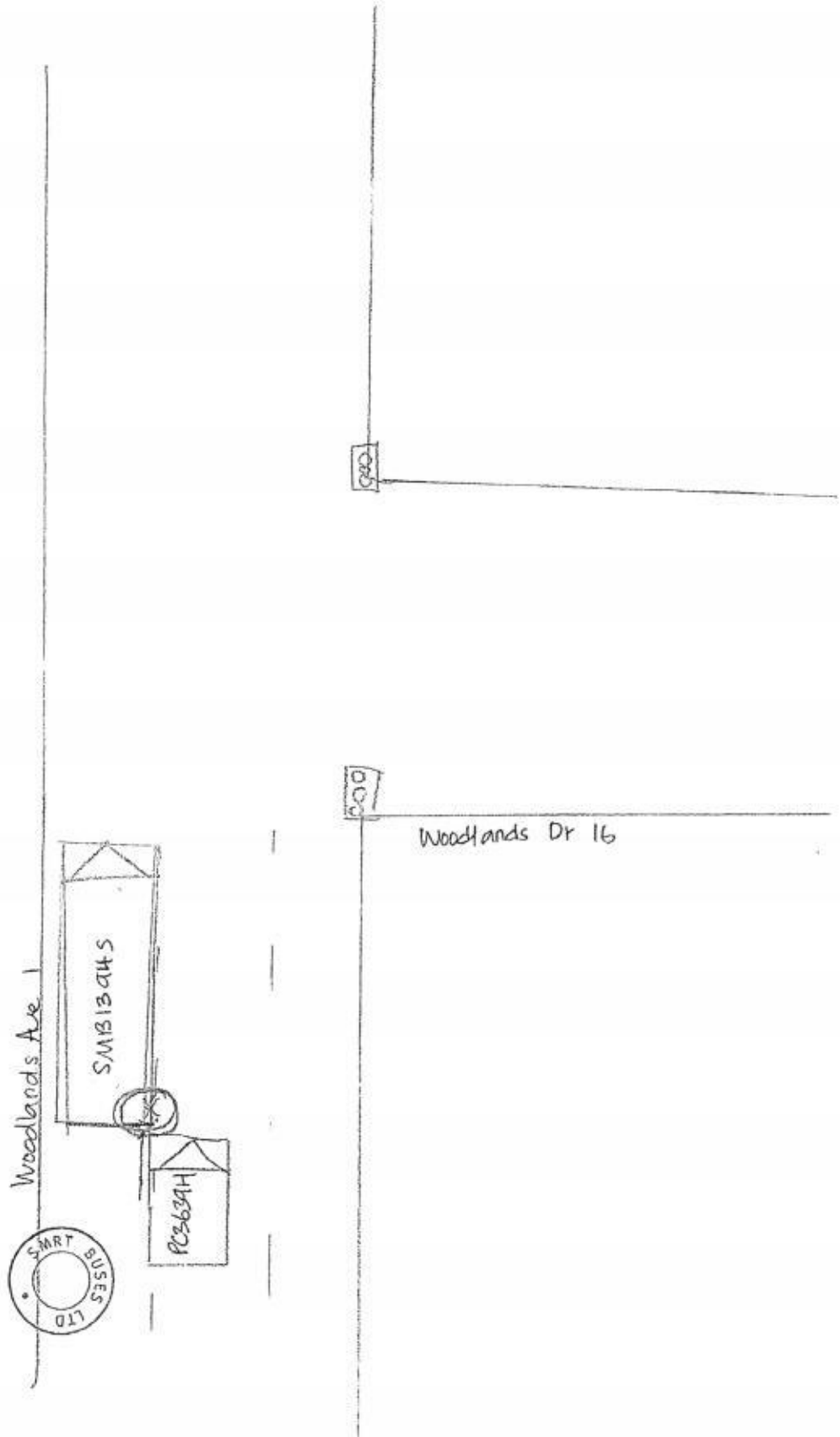
This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre
Personnel

Sketch Plan Pg. 3



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	2292D
Vehicle Details	
Vehicle No.	SMB1394S
Vehicle to be Exported	No
Intended De-registration Date	14 Nov 2017
Vehicle Make	MAN
Vehicle Model	NL320F (A22)
Primary Colour	Multi-Colour
Manufacturing Year	2013
Engine No.	50334540083446
Chassis No.	WMAA22ZZ3D7001915
Maximum Power Output	-
Open Market Value	\$255,134.00
Original Registration Date	16 Oct 2013
First Registration Date	16 Oct 2013
Transfer Count	0
Actual ARF Paid	\$0.00
Intended PARF Rebate Details	
PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00
Intended COE Rebate Details	
COE Rebate Amount	\$0.00
Total Rebate Amount	\$0.00

The information contained herein is correct as at 14 Nov 2017

OK

Land Transport  Authority

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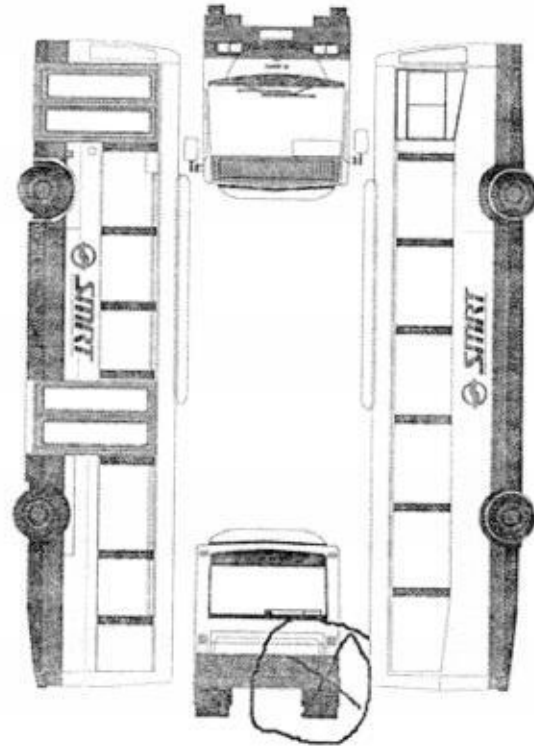
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SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SMB1394S
 Ref. No : BUS/11/17/7013
 Reg. Date : 01/01/1900
 Vehicle Type : BUS -12M
 Make : MAN
 Model : MAN
 Name of Driver : Mohammad Al Rahman Bin Kamarulizam
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 09/11/2017 12:20:00 PM
 Accident Reported Date / Time : 10/11/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : IDAC
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No :
 Special Instruction to ARC, if any :
 TP: PC3639H (NTUC)
 rear right portion damaged
 Prepared Date : 13/11/2017 11:12:29 AM



Section D - Details of Repair Estimates**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	2,650.00	2,120.00
Total Labour	2,650.00	2,120.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	708.00	528.00
Total Spray Painting & Panel Beating	708.00	528.00

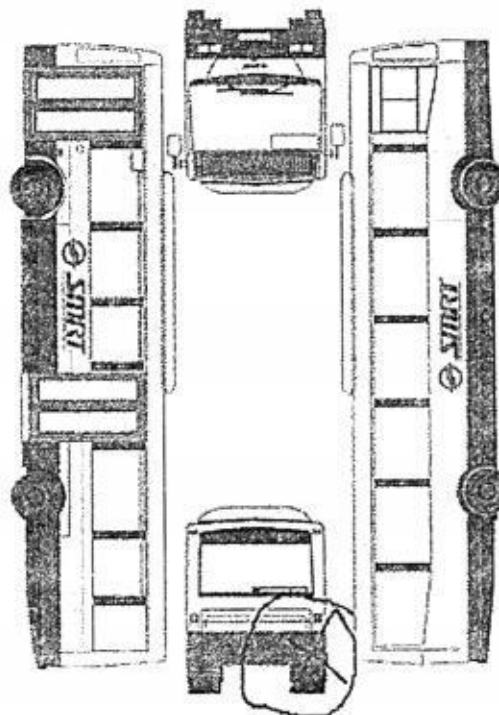
Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SMB1394S
 Ref. No : BUS/11/17/7013
 Reg. Date : 16/10/2013
 Vehicle Type : BUS -12M
 Make : MAN
 Model : MAN
 Name of Driver : Mohammad Al Rahman Bin Kamarulizam
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 09/11/2017 12:20:00 PM
 Accident Reported Date / Time : 10/11/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : IDAC
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024093074
 Special Instruction to ARC,if any :
 TP: PC3639H (NTUC)
 rear right portion damaged
 Prepared Date : 13/11/2017 11:12:29 AM



Section B - To be Completed by Service Advisor, Accident Repair Centre

Chassis No : WMAA22ZZ3D7001915

Mileage :

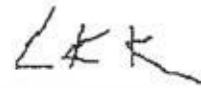
0

Work Shop : Internal

Repair Completed Date / Time : 01/01/2000

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges :	2,650.00	2,120.00
Total Spray Painting Charges :	708.00	528.00
Total Material Charges :	3,397.18	3,397.18
Other Charges :	0.00	-550.00
TOTAL :	6,755.18	5,495.18
Lum Sum Total :	6,750.00	5,500.00
No. of Repair Days :	7.00	6.00 /
Prepared / Adjusted By :	Goh Kok Khoo	Sebastian Yeang
Arc / Surveyor Sign Off Date :	13/11/2017 01:55:39 PM	13/11/2017 02:07:46 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 13/11/2017 01:55:39 PM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

Quotation No :	Invoice No :
Quotation Date :	Invoice Date :
Invoice Amount :	Prepared Date :

Section D - Details of Repair Estimates**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	2,650.00	2,120.00 /
Total Labour	2,650.00	2,120.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	708.00	528.00 /
Total Spray Painting & Panel Beating	708.00	528.00

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Lump Sum Adjustment by Surveyor	0.00	-550.00
Total Other Costs	0.00	-550.00

1089320

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
88-25225-6039		6010298	STOP LAMP LED	2	1,141.70	10.00	2,055.06	Replace	Replace <i>CRK</i>	No
88-25320-6008		6010299	SIGNAL LAMP LED	1	1,274.10	10.00	1,146.69	Replace	Replace <i>CRK</i>	No
F01001-CW273		6010062	REAR TAIL LAMP COVER RH	1	974.70	10.00	877.23	Replace	Replace <i>CRK</i>	No
F01001-CW270		6010050	REAR DOME	1	2,817.50	100.00	0.00	Repair	Repair <i>R</i>	No
4001B05-LAM141		6010303	SIDE SIGNAL LAMP	1	186.10	10.00	167.49	Replace	Replace <i>CRK</i>	No
TOTAL MATERIALS							4,246.47	4,246.47		
TOTAL MATERIALS(Discounted)							3,397.18	3,397.18		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

$$\begin{array}{r}
 4246.47 \\
 2120.00 \\
 + \quad 528.00 \\
 \hline
 \end{array}$$

$$\begin{array}{r}
 6894.47 \\
 -20\% \\
 \hline
 5515.57
 \end{array}$$

L/S: \$5500

29/11/2017


**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17021705/Srbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 08-01-2018	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	PC 3639H	Veh. Inspected	SMB 1394S	
Policy No.	5071620173-02	Coverage (\$)	0.00	
Claim No.	MT/0969123-002	Excess (\$)	0.00	
Assign From		Assign Date	13/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	MAN NL320F	c.c	10518	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	WMAA22ZZ3D7001915	Colour	MULTI COLOUR	
Odometer	304699	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	275/70 R22.5	GOODYEAR	6 mm	
L/H Front Tyre	275/70 R22.5	GOODYEAR	6 mm	
R/H Rear Tyre	275/70 R22.5 (D)	GOODYEAR	6/6 mm	
L/H Rear Tyre	275/70 R22.5 (D)	GOODYEAR	6/6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	09/11/2017	Inspection Date	13/11/2017	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 1394S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
2	STOP LAMP LED @\$1141.70	CRACKED	2,283.40	2,283.40
1	SIGNAL LAMP LED	CRACKED	1,274.10	1,274.10
1	REAR TAIL LAMP COVER RH	CRACKED	974.70	974.70
1	SIDE SIGNAL LAMP	CRACKED	186.10	186.10
1	REAR DOME	TO REPAIR	2,817.50	-
	LESS 10% DISCOUNT		-	-471.83
			7,535.80	4,246.47
LABOUR				
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.		2,650.00	2,120.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		708.00	528.00
			3,358.00	2,648.00
GRAND TOTAL			10,893.80	6,894.47
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				5,500.00

Report Ref No. NS/INC17021705/Srbe2

YEANG WAI KEEN
Automotive Assessor

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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