

3000000

Kalvin

REF: NS/ENC17023306/Klgonz

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: **SKT 3994B**
 Policy No: **SD 92235245 27062017**
 Claims No: **MY/0972810-002**
 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: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: **2** days Res.: Yes or No
 Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SHA 663L** Yr Regn: **Jan 2017**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai Ix0** CC: **1685**
 Colour: **Yellow** A/C: _____ Insured / Std / NI / NA
 Sp. Reading: **128282** T/Radio: Insured / Std / NI / NA
 Eng No: _____
 C/No: **KM HLB414M H4098301**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Rim or
 Tyre Size: F: **205/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Hankook**
 Front: _____ Rear: _____
 R/Bal: **7** mm R/Bal: **7** mm
 L/Bal: **7** mm L/Bal: **7** mm
 D.O.A: **6/12/17** D.O.I: **7/14/17**
 Survey held at: **(OKS (7-17))**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SHA 663L - x

SKT 3994B - x

11/12/17 **Call PIP \$1130.48 / 2 Pys. (Paid \$1328.33, 54%)**

ENC
PIP

RECEIVED 12 DEC 2017

Date/Time File Pass to? ☐ : Prel. Report

☐ : Final Report

Date/Time File Return to?

By _____

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee
Transportation

Add Fee: ☐ Site Insp \$

☐ Interview \$

☐ Tech. Insp \$

☐ Weekend \$

Photos

Chet

Report Format :

Lump Sum / I.B.I. (\$) **7P**
1130.48

195




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/INC17023306/K1qb			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Date: 07-12-2017	
189556			
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKT 3994B	Veh. Inspected	SHA 663L
Policy No.	5092235245	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	07/12/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	06/12/2017	Inspection Date	07/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD		
	59 LOYANG DRIVE		
	SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.			
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Reference No. : NS/NC/7023306/K96
Policy Type: OD / TP / TP RES / TL / EVA

SHA 6632

Typist

Admin (Catherine): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

[illegible]

Surveyor (ICelvin): Case handler to make sure the surveyor completed all required information.

Category	Item	Inspected	Remarks
C	Vehicle No	✓	
C	Regn Month/Year	✓	
N	Vehicle Type	✓	
N	Make & Model	✓	
C	Engine Capacity. (C.C)	✓	
N	Colour	✓	
C	Odometer. (Sp.Reading)	✓	
C	Chassis No	✓	
N	General Condition	✓	
N	Steering	✓	
N	Brake	✓	
N	Modification (Modi)	✓	
C	Tyre Size	✓	
N	Tyre Make	✓	
C	Tyre Balance	✓	
C	Date of Inspection	✓	
N	Survey held	✓	
N	Des.of Damages	✓	

C	Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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N	ALL Parts condition				
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair				
C	Finalised Amount				
C	Re-inspection Cases to Finalize within 5 Days				

C	Resurvey photo Uploaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Case Handler: Chen Date: 11/12/17

Case Handler

Date _____

TP Claims against NTUC Income: Follow-Through Survey

Date: 11/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0972899-002	COMFORT TRANSPORTATION PTE LTD	SHC 8798T	GT 4825Y	06/12/2017	11:50	\$ 2,461.58
2	MT/0973099-001	COMFORT TRANSPORTATION PTE LTD	SHA 7410D	PC 2227U	05/12/2017	7:20	\$ 1,160.48
3	MT/0973100-001	COMFORT TRANSPORTATION PTE LTD	SHC 1143D	SIL 5872K	02/12/2017	23:00	\$ 2,482.10
4	MT/0971943-002	COMFORT TRANSPORTATION PTE LTD	SH 8352P	GBB 4456H	30/11/2017	19:30	\$ 2,143.20
5	MT/0972810-002	CITYCAB PTE LTD	SHA 663L	SKT 3994B	06/12/2017	12:00	\$ 2,458.81
6	MT/0972568-002	COMFORT TRANSPORTATION PTE LTD	SH 9736J	SJE 9714U	06/12/2017	10:25	\$ 5,847.14

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092235245	GOODRIDE AUTO	53364825D	GFT	Third Party	SKT3994B	SKT3994B	27/06/2017	

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	06/12/2017 16:48
Date Of Accident	06/12/2017 12:00
Exact Location Of Accident	SLIP RD FROM SIMS DRIVE TWDS ALJUNIED RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA663L
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

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 TAXI

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072702MFSH
Cover Note Number	

Driver

Name of Driver	PNG KOK ENG
NRIC No	S0042601F
Date Of Birth	15/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1974
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	7 #01-132 BOON KENG ROAD
Postcode	330007
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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)	5

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

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

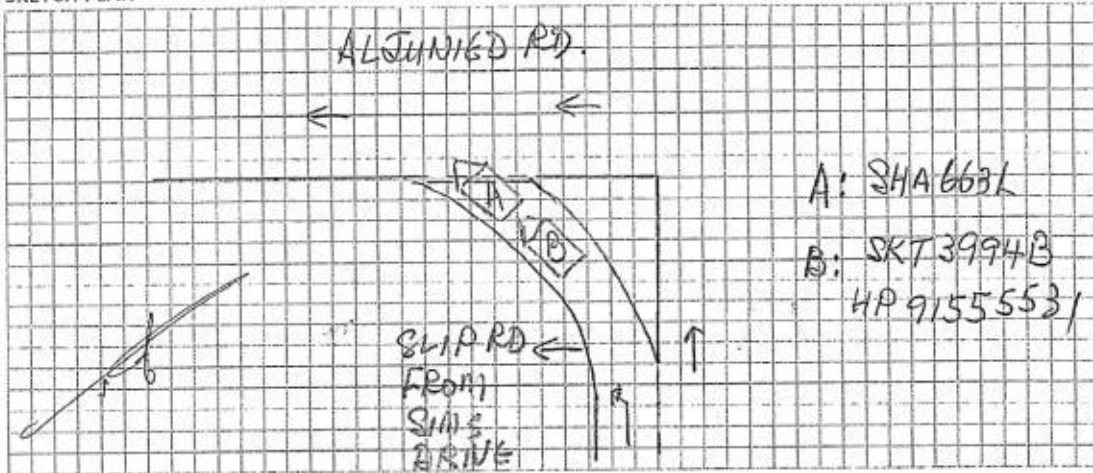
Vehicle Registration Number	SKT3994B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	91555531
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839C

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Describe Circumstances of the Accident

On 06 Dec 2017 at about 12:00 hrs I was slowly driving along a Slip Rd from Sims Drive heading towards the direction of Aljunied Rd.

As I approached the give way lines I reduced my taxi speed and gradually come to a stop just after the give way lines to give way to the traffic from my right.

Suddenly a few seconds later a Honda car SKT3994B came from behind collided onto the Rear Portion of my taxi.

04 passengers(02 female and 02 male) on board my taxi. No injury at the point of the accident.

However after the accident I felt pain to my left shoulder and left leg. If the pain still persists I will consult a Doctor later on.

Declaration

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

CITYCAB PTE LTD
CO. REG. NO. 1995028397

Policyholder's Signature/Date &
Time

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

06/12/17
Witnessed by Reporting
Centre Personnel

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

NTUC
LKK

ComfortDelGro Engineering Pte Ltd

295 Braddell Road Singapore 119070
Mainline + 65 6313 4200 Facsimile + 65 6220 5755
Workshops
52 Layong Drive Singapore 508389 24 Serangoon Singapore 758156
183 Sin Ming Drive Singapore 575717 17 Sengkang Road Singapore 728791
45 Pandan Road Singapore 609286 4 Delfi Avenue 1 Singapore 536537

Date/Time: 07.12.2017 08:09 Page : 1

Job: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JO NO.305095466

OWNER CITYCAB PTE LTD S 7010070 OWNER NO 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO. SHA 663L MAKE HYUNDAI MODEL I-40 YR OF MANU 11.01.2017 CHASSIS CODE RMHLB41UMHU098301	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 06.12.2017 16:10 TARGET DATE COMPLETION DATE/TIME:
---	---	--

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.12.2017
ATURE: 3P 06.12.17

/NO LABOR CODE DESCRIPTION

Reav

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-in Slip

Exit Pass

No.: SHA 663L LIMITS

Vehicle No.: SHA 663L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

KTUC-CP/P
LKK-Kalvin

Date: 07.12.2017

Time: 08:36:26

Page: 1

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COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305095466

REGN NO : SHA 663L

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : I-40

DATE OF REGN : 11.01.2017

DATE/TIME IN : 06.12.2017 16:10

ACCIDENT DATE : 06.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	BUMPER REAR	1	603.60	20.00	482.88	✓ Retel
0002 04-01-0103-0738-G	BUMPER LOWER REAR	1	225.00	20.00	180.00	X su
0003 04-01-0103-0739-G	BUMPER SPONGE REAR	1	143.40	20.00	114.72	X su
0004 04-01-0103-0740-G	BUMPER REINFORCEMENT REAR	1	504.35	20.00	403.48	X su
0005 04-01-0103-0742-G	BUMPER REIN-BRKT RR LH	1	180.00	20.00	144.00	X su
0006 04-01-0103-0743-G	BUMPER REIN-BRKT RR RH	1	180.00	20.00	144.00	X su
0007 04-01-0101-0111-G	BUMPER CLIPS	10	22.00	20.00	17.60	— m
0008 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	X m

SUB-TOTAL : 1,608.81

JOB NATURE

0000 20-05	Rear Fender Adv.Sticker RH/LH	200.00	— m
0001 20-05	Rear Bumper Adv.Sticker	50.00	— m
0002 L	PANEL BEATING	280.00	200

COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.12.2017

REPAIR ESTIMATE

Time: 08:36:26

Page: 2/2

NTUC-CP/P)
LKK-Kalvin

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305095466
 REGN NO : SHA 663L
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 11.01.2017
 DATE/TIME IN : 06.12.2017 16:10
 ACCIDENT DATE : 06.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0003 23-502 SPRAYPAINT ON AFFECTED AREA

~~200.00~~ 180

0004 L R/I REVERSE SENSOR

~~120.00~~ X 17

SUB-TOTAL : 850.00

TOTAL 2,458.81

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

Kalvin LKK/4

7/12/17 1010h

2 P. 17,

PIP

Before Paint photo

LKK Auto Consultants hence notify
 the Repairer of the following:

- To resurvey before after spray painting
- To display damaged parts during resurvey
- Parts prices are on market price
- The repairer to be on "No Dispute" basis
- The repairer to be on "No Dispute" basis
- Supplemental claim to be surveyed and
 a sub-estimate to be given from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305095466
REGN NO : SHA 663L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.01.2017
DATE/TIME IN : 06.12.2017 16:10
ACCIDENT DATE : 06.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	BUMPER REAR	1	603.60	20.00	482.88
0002 04-01-0101-0111-G	BUMPER CLIPS	10	22.00	20.00	17.60


SUB-TOTAL : 500.48

JOB NATURE

0000 20-05	Rear Fender Adv.Sticker RH/LH	200.00
0001 20-05	Rear Bumper Adv.Sticker	50.00
0002 L	PANEL BEATING	200.00
0003 23-502	SPRAYPAINT ON AFFECTED AREA	180.00

SUB-TOTAL : 630.00

TOTAL : 1,130.48


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305095466

Date : 08/12/17

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHV663L

Date of Accident : 06-Dec-17

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SKT3994B
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$500.48
(b) Labour Charges	\$630.00
Total for Part-By-Part Repair Cost	\$1,130.48
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 11/12/17

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees	-----			
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

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/INC17023306/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 26-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKT 3994B	Veh. Inspected	SHA 663L
Policy No.	5092235245	Coverage (\$)	0.00
Claim No.	MT/0972810-002	Excess (\$)	0.00
Assign From		Assign Date	07/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU098301	Colour	YELLOW
Odometer	124242	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	06/12/2017	Inspection Date	07/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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**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. SHA 663L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BUMPER REAR	DEFORMED	603.60	603.60
1	BUMPER LOWER REAR	SERVICEABLE	225.00	-
1	BUMPER SPONGE REAR	SERVICEABLE	143.40	-
1	BUMPER REINFORCEMENT REAR	SERVICEABLE	504.35	-
1	BUMPER REIN-BRKT RR LH	SERVICEABLE	180.00	-
1	BUMPER REIN-BRKT RR RH	SERVICEABLE	180.00	-
10	BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-371.67	-125.12
			1,486.68	500.48
<u>NETT ITEMS</u>				
1	REVERSE SENSOR (N)	NOT NECESSARY	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
<u>SPECIAL NETT ITEMS</u>				
2	REAR FENDER ADV.STICKER RH/LH (SN)	NECESSARY	200.00	200.00
1	REAR BUMPER ADV.STICKER (SN)	NECESSARY	50.00	50.00
			250.00	250.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		400.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			600.00	380.00
GRAND TOTAL			2,458.81	1,130.48
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,130.48

Report Ref No. NS/INC17023306/K1qbn2


KALVIN ANG WEI KUN

Automotive Assessor / Investigator


K.K.LAU CPT (RET)**BEng(Hons), B.Bus, MBA, PEng, PE,
MinstAEA, MASME, MIRTE****REGD Auto Consultant-SAE, Licensed Appraiser**

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

**National Assessment Centre Services**

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

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Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 663L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BUMPER REAR	DEFORMED	603.60	603.60
1	BUMPER LOWER REAR	SERVICEABLE	225.00	-
1	BUMPER SPONGE REAR	SERVICEABLE	143.40	-
1	BUMPER REINFORCEMENT REAR	SERVICEABLE	504.35	-
1	BUMPER REIN-BRKT RR LH	SERVICEABLE	180.00	-
1	BUMPER REIN-BRKT RR RH	SERVICEABLE	180.00	-
10	BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-371.67	-125.12
			1,486.68	500.48
<u>NETT ITEMS</u>				
1	REVERSE SENSOR (N)	NOT NECESSARY	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
<u>SPECIAL NETT ITEMS</u>				
2	REAR FENDER ADV.STICKER RH/LH (SN)	NECESSARY	200.00	200.00
1	REAR BUMPER ADV.STICKER (SN)	NECESSARY	50.00	50.00
			250.00	250.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		400.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			600.00	380.00
GRAND TOTAL			2,458.81	1,130.48
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,130.48

Report Ref No. NS/INC17023306/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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