

Subcontract

Kalvin

REF: NS/2NC17023311 / Klrbn2

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: GBG 9694

Policy No: 5091484557 310517 - 300518

Claims No: MT/0972695-005

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 Rport: _____ 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: SHC1987K Yr Regn: 29 26 210

Type: M.Car / M.Cycle / Bus / Van / Lorry / T.M. / Prime Mover / 0

Truck / Trailer: _____

Make: Hyundai Santa Fe cc: 1941

Colour: Blue A/C: Insured / Std / NI / NA 6

Sp. Reading: 423762 T.Radio: Insured / Std / NI / NA 2

Eng.No: _____

C.No: KMHETXIVMAA 786387

Gen. Cond: Good / Fair / Poor / Burnt 1

Steering: Inoper / Jammed / Leaked / Burnt or 6

Brake: Inoper / Jammed / Leaked / Burnt or 6

Modi: Nil / S/Rim / STD / Rim or 6

Tyre Size: F: 215/60 R16
R: 7

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Went/ke

Front: R/Bal. 7 mm L/Bal. 7 mm
Rear: R/Bal. 7 mm L/Bal. 7 mm

D.O.A. 6/12/17 7/12/17
(D/E (6yrs))

Survey held at _____

Des. of Damages: Fnt / 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
	SHC 1987K - 03 / 176 14005095 / H120392
	GBG 9694 - x
26/12/17	Continued C/S of 1750 / 3 Pgs Red. of 3103.62, 641.

RECEIVED 26 DEC 2017

Date/Time: File Pass to? : Preli. Report

1) typist : Final Report

Date/Time: File Return to? _____

2) _____

Report Format: TP

Lump Sum / LB: \$ 1750

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: Site Insp (\$)
 Interview (\$)
 Tech. Insp (\$)
 Weekend (\$)

Survey Fee: 160
 Transportation: 35
 Photos: _____
 Other: _____

160
35
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/INC17023311/K1rb			
73 BRAS BASAH ROAD		Date: 07-12-2017	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBG 969U	Veh. Inspected	SHC 1987K
Policy No.	5091484557	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.			

eBaoTech

General/Claim

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5091484557	AIRECONTROL PTE LTD	201010995C	GCV	Comprehensive	GBG969U	GBG969U	31/05/2017	30/05/2018

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date: 26/12/2017

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/0972761-002	CITYCAB PTE LTD	SHC 7093A	SLJ 9582H	06/12/2017	20:40	\$ 4,922.56	\$ 3,365.12
2	MT/0974282-002	COMFORT TRANSPORTATION	SH 7849E	SJB 4580L	17/12/2017	12:00	\$ 3,617.98	\$ 2,300.00
3	MT/0974257-002	COMFORT TRANSPORTATION	SHC 1218Y	SHB 8791S	18/12/2017	18:30	\$ 8,281.26	\$ 3,305.41
4	MT/0974171-002	COMFORT TRANSPORTATION	SH 8013T	PC 5891G	16/12/2017	15:10	\$ 5,981.28	\$ 3,100.00
5	MT/0975063-001	COMFORT TRANSPORTATION	SHA 4023H	SJJ 4585G	20/12/2017	16:00	\$ 2,687.18	\$ 1,050.00
6	MT/0974335-002	CITYCAB PTE LTD	SHB 3721C	SLS 9209P	19/12/2017	10:20	\$ 8,998.32	\$ 4,021.72
7	MT/0974427-002	COMFORT TRANSPORTATION	SHC 3831M	SIH 9266E	19/12/2017	13:40	\$ 5,120.68	\$ 2,400.00
8	MT/0974118-002	COMFORT TRANSPORTATION	SHC 2390A	FBE 2508P	15/12/2017	13:20	\$ 4,007.44	\$ 2,600.00
9	MT/0972888-002	COMFORT TRANSPORTATION	SHA 7786U	SKR 4692B	07/12/2017	20:45	\$ 4,241.64	\$ 1,950.00
10	MT/0972695-002	COMFORT TRANSPORTATION	SHC 1987K	GBG 969U	06/12/2017	15:10	\$ 4,853.62	\$ 1,750.00

Claim received from LKK

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 16:30
Date Of Accident	06/12/2017 15:10
Exact Location Of Accident	MANDAI AVE JUNCTION OF SEMBAWANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1987K
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)

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-1572701MFSH

Cover Note Number

Driver

Name of Driver	PALANIAPPAN S/O ARUMUGAM
NRIC No	S2596548E
Date Of Birth	09/12/1949
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1986
Driving Experience	31 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	PALA.ARU@GMAIL.COM

Address	BLK 855 YISHUN RING ROAD #09-3555
Postcode	760855
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)	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

REFER ATTACHED

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	GBG969U
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Name of Driver	TAN KIM LIANG
NRIC/Passport Number	G2019345Q
Contact Number	94484461
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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7. By the lodgment 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.
- (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, investigating, 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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R



6/12/19
Jackson Heng
CSO

Policyholder's Signature
Date & Time:

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

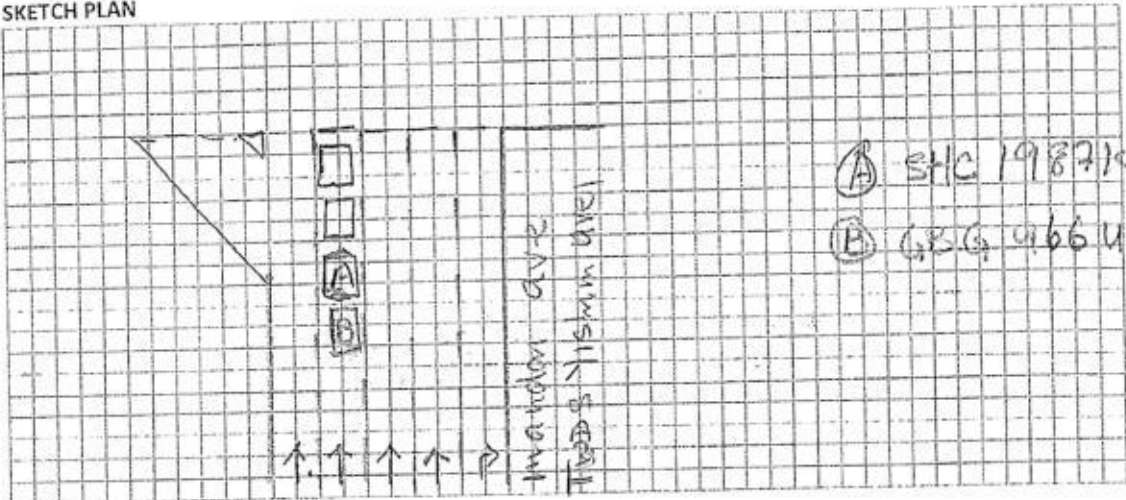
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

FORM 100 (Rev. 1/2018)



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6th/12/2017 at about 1510 hrs, I vehicle A was stationary at the traffic light Junction behind few car while waiting vehicle B came from behind and hit against vehicle A rear. Causing the damage. No one was injured at that time.

DECLARATION

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

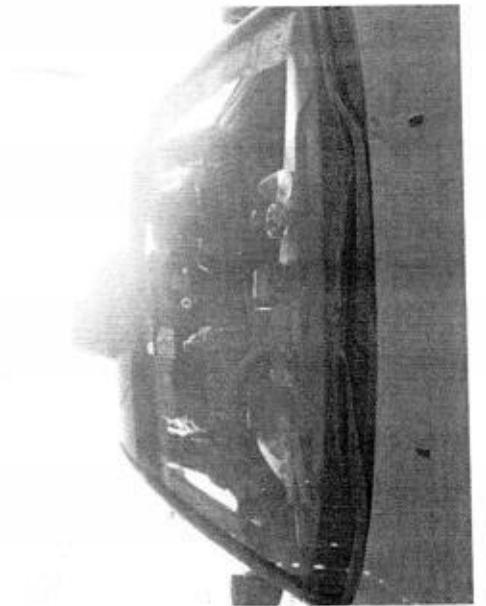
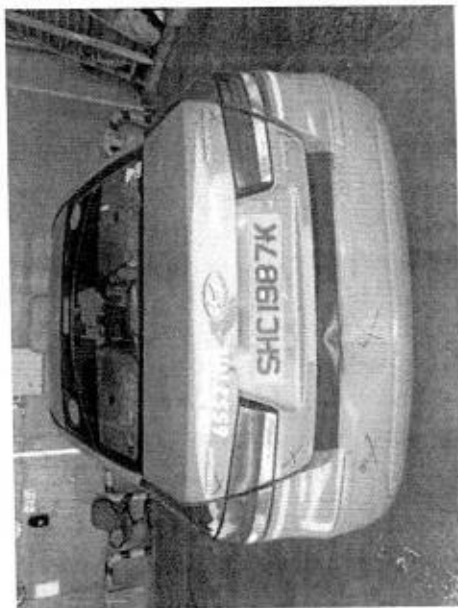
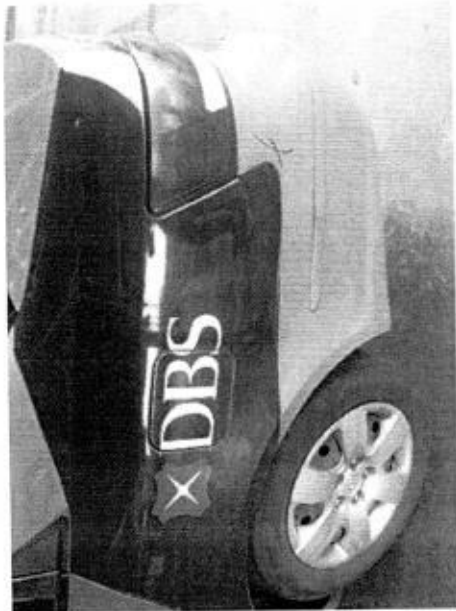
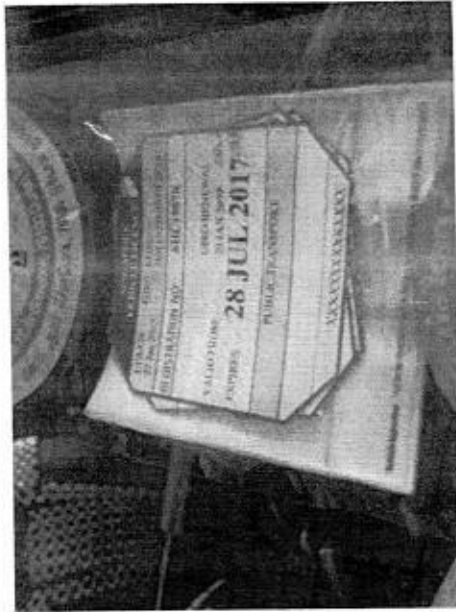
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

6/12/17 Jackson
Jackson Heng
CSO



COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Date/Time: 07.12.2017 08:57 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO.305095520

CUSTOMER
 NAME: COMFORT TRANSPORTATION PTE LTD
 CUSTOMER NO: 7010045
 ADDRESS: 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 TEL (R): 65508755 (O)
 (P)
 DISCOUNT CARD NO.

REGN NO: SHC1987K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: SONATA	DATE/TIME IN 06.12.2017 15:50
YR OF MANU: 29.07.2010	TARGET DATE
CHASSIS CODE: KMHET41VMAA786387	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.12.2017
 NATURE: 3P 06.12.2017

C/NO	LABOR CODE	DESCRIPTION
	NTUC -	taxi Rear damage
	LKK/Kalvi -	

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC1987K
 Name of Service Advisor: LARRY

Vehicle No.: SHC1987K

Larry Ng

Signature/Date

Name of Service Advisor Date

to be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

NTUC

VEHICLE NO : SHC 1987K

DATE 7/12/2017 10:46

MAKE :

DOB: 06.12.17

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>X Repair</i>			\$ 1,349.50
	Boot Lid Rubber <i>X</i> <i>see</i>			\$ 110.90
	Boot Lid Lock Upper <i>see</i>			\$ 132.10
	Boot Lid Lock Lower <i>X</i> <i>see</i>			\$ 30.30
	Boot Lid Sonata Plate <i>- see</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>- see</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>- see</i>			\$ 26.10
	Boot Lid CRDI Plate <i>- see</i>			\$ 22.70
	Rear Bumper <i>-</i> <i>Rehild</i> <i>of car</i>			\$ 578.40
	Rear Bumper Reinforcement			\$ 483.30
	Rear Bumper Clip <i>-</i> <i>see</i>			\$ 22.00
	Rear Bumper Sponge <i>of trim</i>			\$ 137.40
	Rear Bumper Under Cover <i>X</i> <i>see</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X Repair</i>		\$ 38.00	\$ 76.00
	Rear Panel <i>X Repair</i>			\$ 391.80
	Rear Panel Garnish <i>X</i> <i>see</i>			\$ 95.80
	SUB TOTAL			\$ 3,709.90
	LESS 20%			\$ 741.98
	DISCOUNTED TOTAL			\$ 2,967.92
	Boot Lid Comfort Logo & Tel No. Sticker <i>- see</i>			\$ 30.00 Nett
	Rear Bumper Reverse Sensor <i>-</i> <i>shaded</i>			\$ 135.70 Nett
	Rear Bumper Rubber Mat <i>-</i> <i>see</i>			\$ 50.00 Nett
				\$ 215.70
	Labour Charge			
	Panel Beating			\$ 850.00 <i>400</i>
	Spray Painting Charge			\$ 600.00 <i>540</i>
	Wiring Charge			\$ 50.00 <i>X</i>
	Tuff Kote			\$ 50.00 <i>X</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	TOTAL LABOUR			\$ 1,670.00
	ESTIMATE TOTAL			\$ 4,853.62

Kalvin LKK
7/12/17 1420hrs
3 Days
45
After Repair photo

LKK Auto
 To insure
 To display damaged parts
 To carry survey on a "no cost" basis
 To legal modification
 To carry members
 is subject to final approval by the Insurance Company

Acknowledged by Repairer

Larry Ng

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305095520
Date : 22.12.2017

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

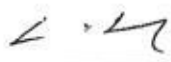
FINALIZATION FORM


To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHC1987K Date of Accident: 06/12/17

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

1. The repair job shall bill to: NTUC GBG969U
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$1,750.00

3. Estimated normal period for repairs: 3 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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Calvin
Date : 26/2/2

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/INC17023311/K1rbn2
73 BRAS BASAH ROAD		Date:	04-01-2018
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code:	INC4
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBG 969U	Veh. Inspected	SHC 1987K
Policy No.	5091484557	Coverage (\$)	0.00
Claim No.	MT/0972695-002	Excess (\$)	0.00
Assign From		Assign Date	07/12/2017
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	KMHET41VMAA786387	Colour	BLUE
Odometer	423762	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1987K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	TO REPAIR	1,349.50	-
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	TORN	137.40	137.40
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR	76.00	-
1	REAR PANEL	TO REPAIR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-741.98	-267.54
			2,967.92	1,070.16
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			215.70	215.70
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,020.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	540.00
			1,670.00	960.00
GRAND TOTAL			4,853.62	2,245.86

Report Ref No. NS/INC17023311/K1rbn2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,750.00
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Report Ref No. NS/INC17023311/K1rbn2

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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