

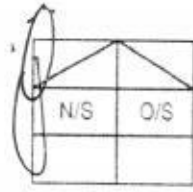
Surveyor

Kalvin

REF: NS/CNC17023386/Klvb n2

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: **SJL 8592Z**
 Policy No. **5067588920-02 15.12.16 - 141217**
 Claims No. **MT/0972 754-002**
 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 Rpt: _____ 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT



Veh No. **SHB 48984** Yr Regn. **30-4 2011**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make **Hyundai Sonata** CC **1991**
 Colour **Yellow** A/C **Ins** / Std / NI / NA
 Sp. Reading **288704** T. Radio **Ins** / Std / NI / NA
 Eng/No: _____
 C/No: **KMHETXIVMBA815165**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / **STB** A/Rim or
 Tyre Size F: **215/60 R16**
 R: **4**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Maxxis - front**
 Front **Triangle - 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. **8/12/17**
 Survey held at **CPE (167ang)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Front Bole
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
18/12/17 SHB 48984 - X
SJL 8592Z - X
6.45 45 + 2050 / 3 Pys. (Red 1124.52, 3597)

ZM
45

RECEIVED 19 DEC

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

Days Of Repair: **3**
 Resurvey No. of Trip: **1**

Date/Time File Return to?
 2) _____

Add Fee: ☐ Site Insp \$
☐ Interview \$
☐ Tech Insp \$
☐ View-aid \$

Report Format: **TP**
 Lump Sum / I.B.I: **2050**

Survey Fee	160
Transportation	
1. S + RS. \$	
2. Prices	
3. Total	35
	195

Survey Department Check List (Case Handler)

Reference No. : NS/INC17023386 | Klvb
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

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

(1) Assignment Form

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	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

(3) Workshop Estimate/Assignment Form

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				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: VERON 18/12/17
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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/INC17023386/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 08-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJL 8592Z	Veh. Inspected	SHB 4898U
Policy No.	5067588920-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	08/12/2017

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	08/12/2017
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.
--

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/0972974-002	CITYCAB PTE LTD	SHC 879X	SJB 9482D	8/12/2017	20:55	\$3,113.20	\$1,850.00
2	MT/0973282-002	COMFORT TRANSPORTATION PTE LTD	SHC 8208E	SJD 2935A	12/12/2017	1:40	\$4,386.00	\$1,950.00
3	MT/0974110-001	CITYCAB PTE LTD	SHB 2248J	SGD 2855H	11/12/2017	17:20	\$2,681.58	\$1,502.61
4	MT/0972947-002	COMFORT TRANSPORTATION PTE LTD	SHC 8625J	SGJ 4049Z	8/12/2017	20:20	\$2,461.58	\$1,086.18
5	MT/0972754-002	CITYCAB PTE LTD	SHB 4898U	SJL 8592Z	6/12/2017	18:30	\$3,174.52	\$2,050.00
6	MT/0974119-001	COMFORT TRANSPORTATION PTE LTD	SH 7765M	SKU 4012Z	10/12/2017	21:00	\$2,006.48	\$710.95
7	MT/0973164-002	COMFORT TRANSPORTATION PTE LTD	SHD 4119A	SJB 9304K	9/12/2017	15:40	\$1,836.32	\$650.00

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5067588920-02	PATIENCE CONSTRUCTION PTE LTD	198902459D	GPC	drive CLASSIC	SJL8592Z	SJL8592Z	15/12/2016	14/12/2017

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	07/12/2017 11:05
Date Of Accident	06/12/2017 18:30
Exact Location Of Accident	UBI AVE 1 NEAR TECH PARK OF UBI CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4898U
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	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-15072702MFSH
Cover Note Number	

Driver

Name of Driver	SEAH KOK MIN
NRIC No	S1431713I
Date Of Birth	07/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1978
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E Mail Address	KMSEAH1007@GMAIL.COM

Address	BLK 53 PIPIT ROAD #14-116
Postcode	370053
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	DRIZZLING
Road Surface	WET

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)	2

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 * TYPE OF ACCIDENT :- HEAD TO SIDE

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	SJL8592Z
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Name of Driver	JEFFREY GAN YI LUN
NRIC/Passport Number	S8858610G
Contact Number	81390986
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH 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.
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.
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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 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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

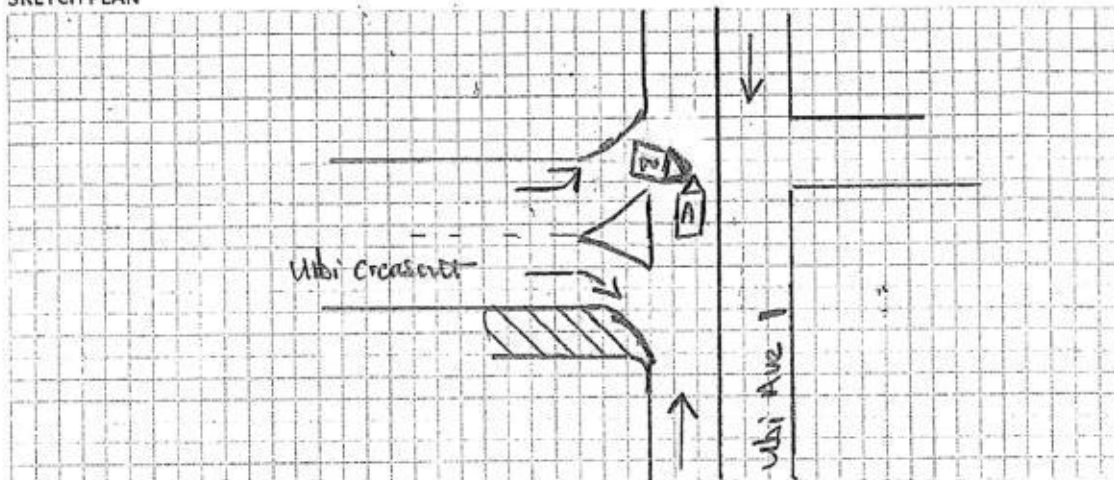
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On. 6 Dec 2017 @ 18.30 hr I
Veh A was driving along Ubi Ave 1
Juste near TCEA Fork. Suddenly Veh B
Came out from Ubi Crescent without stopping
at the stop line Veh. B lane only allowed
to turn left. Veh. B make a right turn I Veh.
A was driving at Speed of 40km/h. Veh. B
hit Veh A left front. at the point of accident
there was one female passenger she was ok
when I Chre with her.

DECLARATION

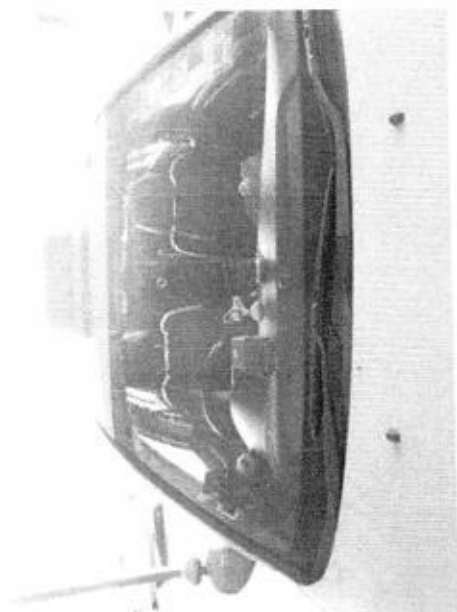
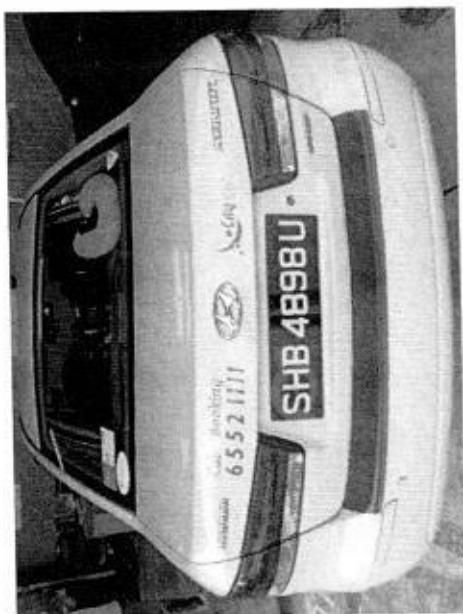
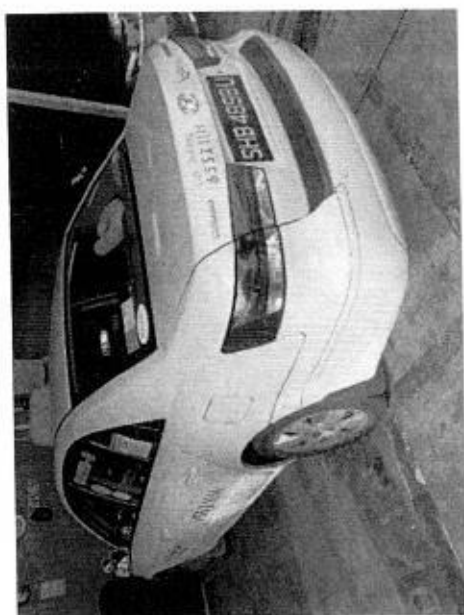
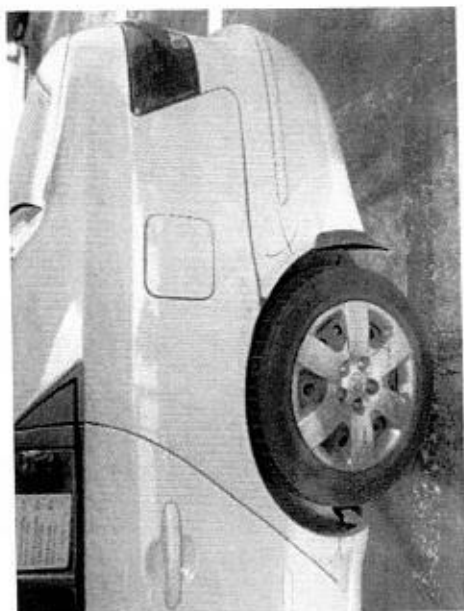
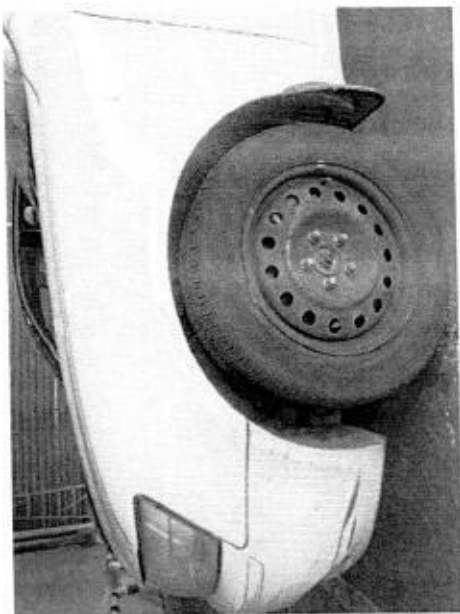
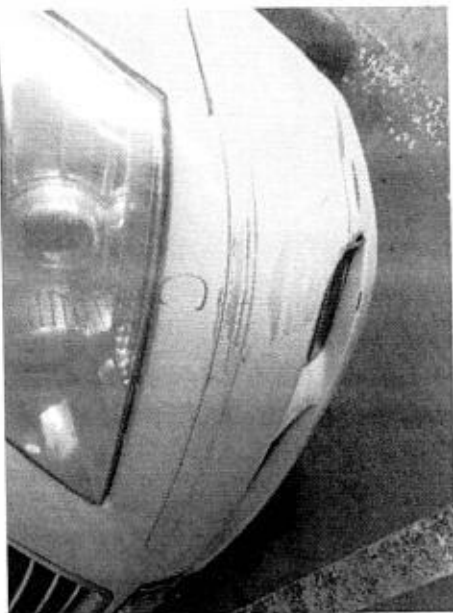
I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:



Date/Time: 07.12.2017 12:58

Page : 1

Team: CK ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.305095684

CUSTOMER VMS CITYCAB PTE LTD CUSTOMER NO 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L (R) 65551188 (O) (P)	REGN NO: SHB4898U	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 07.12.2017 10:00
	YR OF MANU 30.07.2011	TARGET DATE
	CHASSIS CODE KMHET41VMBA815165	COMPLETION DATE/TIME:
	30COUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 06.12.2017
NATURE: 3P 06.12.2017

S/NO	LABOR CODE	DESCRIPTION
		NTUC - taxi whole left Side
		LKR/Kalvin -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB4898U
LARRY

Vehicle No.: SHB4898U

Larry Ng

Name of Service Advisor Signature/Date

Name of Service Advisor Date

As returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4898U

DATE 8/12/2017 10:33

MAKE :

MODEL : HYUNDAI SONATA

Lamy

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Bumper Cover — <i>Defunct</i>			\$ 538.80	
	Front Door Protector (LH) <i>X repair</i>			\$ 78.25	
	Front Wheel Rim (LH) — <i>Defunct</i>			\$ 284.70	
	Frt & Rear Wheel Hub Cap — <i>knocked</i>		\$ 150.70	\$ 301.40	
	<i>LH Front & Rear Door x repair</i>				
	<i>LH Front & Rear Fender x repair</i>				
	<i>Rear Bumper x repair</i>				
	SUB TOTAL			\$ 1,203.15	
	LESS 20%			\$ 240.63	
	DISCOUNTED TOTAL			\$ 962.52	
	Front Door City Cab Logo — <i>new</i>			\$ 75.00	Nett
	Rear Door Tel No. Sticker (LH) — <i>new</i>			\$ 10.00	Nett
	Frt Tyre (LH) — <i>50% cut</i>			\$ 207.00	Nett
				\$ 292.00	<i>1,250</i>
	Labour Charge				
	Panel Beating			\$ 600.00 <i>400</i>	
	Spray Painting Charge			\$ 1,200.00 <i>1080</i>	
	Four Wheel Alignment			\$ 120.00 <i>X 2</i>	
	TOTAL LABOUR			\$ 1,920.00	
	ESTIMATE TOTAL			\$ 3,174.52	
	<i>Kalvin (LKK)</i>				
	<i>8/12/17 1040hrs.</i>				
	<i>3 Pays</i>				
	<i>4s</i>				
	<i>After Repair photo.</i>				
	LKK Auto Centre — To notify the Repair shop to start the repair. • To return the vehicle to the repair shop. • To display the vehicle to the surveyor. • Parts provided by the repair shop. • Third party claims on a "Without Prejudice" basis. • No illegal or improper work. • Supplier of parts must be surveyed and is subject to final approval from insurance company.				
	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 . 305095684

Date : 17.12.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB4898U

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 SJL8592Z

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

\$2,050.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Kalvin

Date : 18/12/17

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	\$5.35			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315



Thatcham escribe

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

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023386/K1vbn2

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.	SJL 8592Z	Veh. Inspected	SHB 4898U
Policy No.	5067588920-02	Coverage (\$)	0.00
Claim No.	MT/0972754-002	Excess (\$)	0.00
Assign From		Assign Date	08/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA815165	Colour	YELLOW
Odometer	288704	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	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	TRIANGLE	7 mm
L/H Rear Tyre	215/60 R16	TRIANGLE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	06/12/2017	Inspection Date	08/12/2017
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4898U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT DOOR PROTECTOR (LH)	TO REPAIR	78.25	-
1	FRONT WHEEL RIM (LH)	BENT	284.70	284.70
2	FRT & REAR WHEEL HUB CAP @\$150.70	GRAZED	301.40	301.40
2	LH FRONT & REAR DOOR (NPA)	TO REPAIR	-	-
2	LH FRONT & REAR FENDER (NPA)	TO REPAIR	-	-
1	REAR BUMPER (NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-240.63	-224.98
			962.52	899.92
SPECIAL NETT ITEMS				
1	FRONT DOOR CITY CAB LOGO (SN)	NECESSARY	75.00	75.00
1	REAR DOOR TEL NO STICKER (LH)(SN)	NECESSARY	10.00	10.00
1	FRT TYRE (LH)(50%)(SN)	CUT	207.00	103.50
			292.00	188.50
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		720.00	400.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,200.00	1,080.00
			1,920.00	1,480.00
GRAND TOTAL			3,174.52	2,568.42
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,050.00

Report Ref No. NS/INC17023386/K1vbn2

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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