

Surveyor: **Kalvin**

REP:

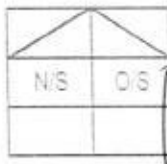
**NS/INC17023506/Klvbn2**

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop no: \_\_\_\_\_  
 of: \_\_\_\_\_  
 Insured: **SJB 9482D**  
 Policy No: **5090059934 080417 - 070418**  
 Claims No: **MT/0972974-002**  
 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: \_\_\_\_\_ 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: **SHC 879X** (Ref: **17 Oct 2013**)  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / TO / Prime Mover /  
 Truck / Trailer or  
 Make: **Mercedes Benz E200** cc **2143**  
 Colour: **White** A/C Ins: **6** / Std / NI / NA  
 Sp. Reading: **708860** T. Radio: **0** / Std / NI / NA  
 Eng. No: \_\_\_\_\_  
 C. No: **WPP2120022A7 60794**  
 Gen. Cond: Good / **6** / Poor / Burnt  
 Steering: In **6** / Jammed / Leaked / Burnt or  
 Brake: In **6** / Jammed / Leaked / Burnt or  
 Mod: NI / S/Rim / STD **6** / Rim or  
 Tyre Size: F: **205 / 60 R16**  
 R: **4**

BSY DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or

Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R. Bal. **7** mm R. Bal. **7** mm  
 L. Bal. **7** mm L. Bal. **7** mm  
 D.O.A. **8/12/17** D.O.L. **11/2/17**  
 Survey held at: **(DHE (loging))**

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or  
**o/s B.L.**

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

**SHC 879X - NS/INC19005763/H/vbk3**

**DA: 030415 Zm**

**SJB9482D - X**

**4**

**14/12/17 Colat 4/5/1850/3 h. y. (Red 1263.29 H07)**

RECEIVED 13 DEC 2017

Date/Time File Pass to:

☐ : Preli. Report  
☐ : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Survey Fee

Transportation

Site Insp: \$

Interview: \$

Technical: \$

Witness: \$

Photos: \$

Draw: \$

Other: \$

Report Format: **TP**

Lump Sum / I. B. / S **1850**

Add Fee:

☐ Site Insp: \$  
☐ Interview: \$  
☐ Technical: \$  
☐ Witness: \$

**160**

**35**

**195**

## Survey Department Check List (Case Handler)

Reference No. : NS/ INC17023506/ 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		Y-Date	N-Date	Y-Date	N-Date
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 15/12/14  
 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/INC17023506/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 11-12-2017



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJB 9482D	Veh. Inspected	SHC 879X
Policy No.	5090059934	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	11/12/2017

## 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	08/12/2017	Inspection Date	11/12/2017
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

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

08/12/2017 18:26

Vehicle No. (For Motor)

SJ89482D

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090059934	PROPERTY SALESPERSON	53360191J	GCV	Comprehensive	SJ89482D	SJB9482D	08/04/2017	07/04/2018

## 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	09/12/2017 12:14
Date Of Accident	08/12/2017 20:55
Exact Location Of Accident	ANG MO KIO KIO HUB LOBBY DRIVE WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC879X
<b>Insured/Policyholder</b>	
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	MERCEDES-BENZ
Model	E220

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	TAN MARY
NRIC No	S1545780E
Date Of Birth	24/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1980
Driving Experience	37 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	M.TAN96@YAHOO.COM.SG

Address	BLK 98 ELIAS ROAD #03-55
Postcode	519954
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 - OPENING DOOR OF VEHICLE
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)	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

PLS REFER TO ATTACHED / Type Of Accident : 3P OPEN DOOR

#### 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	SJB9482D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ONG QUEE BON
NRIC/Passport Number	S1628860H
Contact Number	94556379
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT REAR DOOR
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	



**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 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

Jackson Heng  
CSO

Policyholder's Signature  
Date & Time:

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

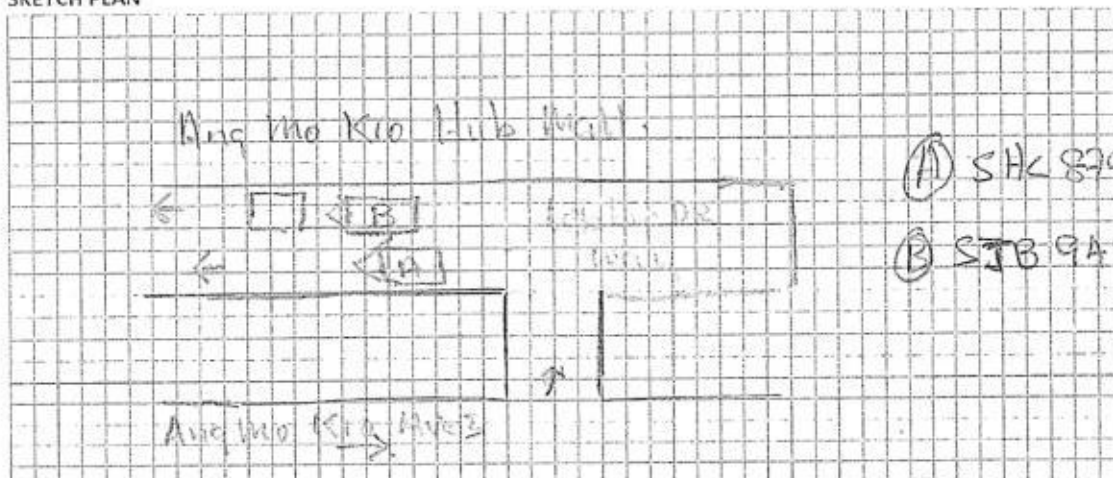
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8th/12/2017 at about 2055 hrs, I vehicle A was driving into King Mo Kio Hub lobby drive way. Vehicle B on the most right lane alighting his passenger; then his passenger open the left rear door when vehicle A passed him and got whole right side scratches, right taillamp and right front mirror drop off.

## 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:

4/12/17 Jackson  
Jackson Heng  
CSO

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

CIARAC SketchPlanForm\_V3

# COMFORTDELGRO ENGINEERING

NTUC

LKK

ComfortDelGro Engineering Pte Ltd

25 Serangoon Road, Singapore 554707  
Tel: +65 6323 8287 Fax: +65 6323 8733

Workshops:

29 Luyang Drive, Singapore 634348  
383 Serangoon Drive, Singapore 556713  
45 Pandan Road, Singapore 609280

24 Serangoon Loop, Singapore 756126  
7 Sungei Kadut Way, Singapore 718791  
8 Delfi Avenue 1, Singapore 630557

Date/Time: 11.12.2017 08:09

Page : 1

Job: ARC Repair TP(CFSO)1

**JOB CARD** Sales Order:

JC NO.305096373

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO: SHC 879X	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL E220CDI (E5)	DATE/TIME IN 09.12.2017 10:10
	YR OF MANU. 17.10.2013	TARGET DATE
	CHASSIS CODE WDD2120022A760794	COMPLETION DATE/TIME:

JUNT CARD NO.

## JOB DESCRIPTION

Accident Date: 08.12.2017  
NATURE: 3P 08.12.17

/NO LABOR CODE DESCRIPTION

RHS

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SHC 879X

LIMITS

Vehicle No.:

SHC 879X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

NTUC

DATE 11/12/2017 13:46

TS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Mirror Glass,Frt,RH /			\$ 230.00
	Mirror Housing W/Signal Lamp,Frt,RH /			\$ 414.00
	Mirror Motor Assy,Frt,RH /			\$ 860.00
	SUB TOTAL			\$ 1,504.00
	LESS 20%			\$ 300.80
	DISCOUNTED TOTAL			\$ 1,203.20
	Rear Door Comfort Limo Cab Logo /			\$ 60.00
				\$ 60.00
	Labour Charge			400
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 1,000.00
	Wiring Charge			\$ 50.00
	TOTAL LABOUR			\$ 1,850.00
	ESTIMATE TOTAL			\$ 3,113.20
	Kalau LKK 11/12/17 1334 3 hrs 4/5 After Repair photo			
	LKK Auto Consultants hence notify the Repairer of the following:			
	To resurvey before after spray painting			
	To display damaged part(s) during resurvey			
	Parts prices are subject to confirmation			
	Third party survey is on a "Without Prejudice" basis			
	No illegal modification(s) is allowed			
	Supplementary work(s) must be resurveyed and is subject to final approval from Insurance Company			
	Acknowledged by Repairer			
	Signature:			
	Date:			
	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 : 305096373

Date : 13/12/17

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC 879X

Date of Accident : 08-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 --- SJB9482D

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: 20% \$1,850.00

**Final Lumpsum Repair cost \$1,850.00**

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 14/12/17

## 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:

**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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023506/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.	SJB 9482D	Veh. Inspected	SHC 879X
Policy No.	5090059934	Coverage (\$)	0.00
Claim No.	MT/0972974-002	Excess (\$)	0.00
Assign From		Assign Date	11/12/2017

**2. Vehicle Particulars & Condition**

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A760794	Colour	WHITE
Odometer	708860	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	BRIDGESTONE	7 mm
L/H Front Tyre	205/60 R16	BRIDGESTONE	7 mm
R/H Rear Tyre	205/60 R16	BRIDGESTONE	7 mm
L/H Rear Tyre	205/60 R16	BRIDGESTONE	7 mm

**4. Description of Damages**

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

**5. General Information**

Accident Date	08/12/2017	Inspection Date	11/12/2017
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. SHC 879X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	MIRROR GLASS,FRT,RH	CRACKED	230.00	230.00
1	MIRROR HOUSING W/SIGNAL LAMP,FRT,RH	CRACKED	414.00	414.00
1	MIRROR MOTOR ASSY,FRT,RH	CRACKED	860.00	860.00
	LESS 20% DISCOUNT		-300.80	-300.80
			1,203.20	1,203.20
<b>SPECIAL NETT ITEMS</b>				
1	REAR DOOR COMFORT LIMO CAB LOGO (SN)	NECESSARY	60.00	60.00
			60.00	60.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		850.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,000.00	650.00
			1,850.00	1,070.00
<b>GRAND TOTAL</b>			<b>3,113.20</b>	<b>2,333.20</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,850.00</b>

Report Ref No. NS/INC17023506/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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