

Surveyor **Kalvin**

REF: **NB/2NC17023517 / KIRBNZ**

ASSIGNMENT

From: _____ Date: _____
Estimated Cos: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop n/s: _____
of: _____
Insured: **SJE 5833K**
Policy No: **5094686615** **29.10.17 - 280418**
Claims No: **mt/973212 - 002**
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

N/S	O/S

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

Est. 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: / 24HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Van No: **SHA 3634B** Reg: **28 Apr 2016**
Type: M.Car / M.Cycle / Bus / Van / Lorry / T.O / Prime Mover
Truck / Trailer or
Make: **Hyundai Ix0** cc: **1680**
Colour: **Blue** A.C. Ins: **Good** / Std / NI / NA
Sp. Reading: **274120** T. Radio: Ins: **Good** / Std / NI / NA
Eng No: _____
O No: **KMHCBX1U4H4087868**
Gen. Cond: Good / **Good** / Poor / Burnt
Steering: In order / **Good** / Jammed / Leaked / Burnt or
Brake: In order / **Good** / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD A/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: **9/12/17** D.O.I: **11/12/17**
Survey held at: **(PHEC / 42)**
Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or
Rear o/s
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	DAF: 220613	ZNC
	SHA 3634B - CR3 / AXA130111116 / H144313		
	SJE 5833K - CS3 / MS676019362 / K144313	DAF: 200916	PIP
26/12/17	C. Am J P/P \$1246.08 / 20%		
	Red: \$330.00, 21%		

RECEIVED 20 DEC 2017

Date/Time File Pass to: _____
1. **typist** ☐ : Preli. Report
☒ : Final Report
Date/Time File Return to: _____
2. _____
Report Format: **TP**
Lum Sum / I.B.I: \$ **1246.08**

Days Of Repair: **2**
Resurvey No. of Trip: **1**
Add Fee: ☐ Site Insp \$
☐ Interview \$
☐ Tech. Ins \$
☐ Weekend \$

Survey Fee	160
Transporter	
Food	
Other	
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/INC17023517/K1rb

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.	SJE 5833K	Veh. Inspected	SHA 3634B
Policy No.		Coverage (\$)	0.00
Claim No.	5094686615	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	09/12/2017	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

Date : 27/12/2017

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/0972645-002	COMFORT TRANSPORTATION	SHC 8177K	FX 9366M	05/12/2017	21:05	\$ 2,900.10	\$ 785.70
2	MT/0973212-002	COMFORT TRANSPORTATION	SHA 3634B	SIE 5833K	09/12/2017	3:30	\$ 1,576.08	\$ 1,246.08
3	MT/0974344-002	COMFORT TRANSPORTATION	SHA 5827Z	GX 6775Z	18/12/2017	13:50	\$ 1,471.75	\$ 1,144.70
4	MT/0975372-001	COMFORT TRANSPORTATION	SHD 3174X	FY 8286L	21/12/2017	5:10	\$ 3,250.92	\$ 2,455.26
5	MT/0973951-002	COMFORT TRANSPORTATION	SHC 8634H	FBI 157U	15/12/2017	19:10	\$ 3,753.56	\$ 1,200.00
6	MT/0974441-002	COMFORT TRANSPORTATION	SH 7288Z	SIE 2095T	19/12/2017	15:00	\$ 2,535.58	\$ 1,790.78

Claim received from LKK

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

09/12/2017 18:26

Vehicle No. (For Motor)

SJE5833K

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094686615	AL-IKHWAN SERVICES	53342797E	GPC	drive CLASSIC	SJE5833K	SJE5833K	29/10/2017	28/04/2018

Continue

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 10:21
Date Of Accident	09/12/2017 03:30
Exact Location Of Accident	RIVER VALLEY ROAD > HILL ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3634B
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	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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	SAZALI BIN SAIKUN
NRIC No	S1733303H
Date Of Birth	08/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1986
Driving Experience	31 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	SAZALI_08@HOTMAIL.COM

Address	489B TAMPINES STREET 45 #12-221
Postcode	S521489
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)	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 SEE 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	SJE5833K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	RAHMAT BIN ABDUL WAHAB
NRIC/Passport Number	S8825396E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303921R

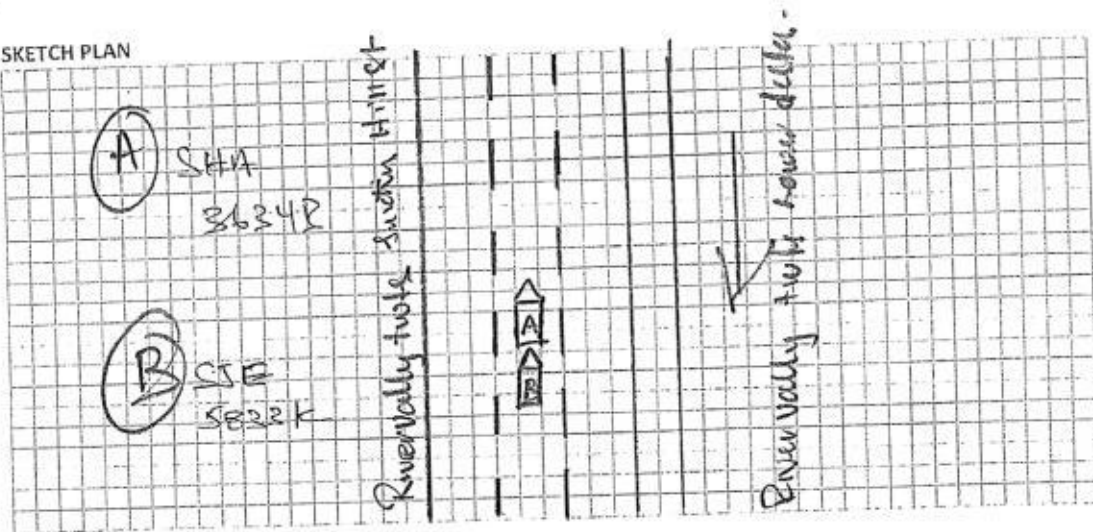
Policyholder's Signature
Date & Time:

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

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

Attachment Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 9 Dec 2017 @ 03:20 hrs I veh A
 was driving along River Valley Rd tube Hill T. Junction
 I veh A was on 2 lane. in front veh. slow down
 and stop I veh A also slow down and stop suddenly
 Veh B front rear hit veh A rear. at the point
 of accident I veh. A ferry one male passenger
 he was ok. when veh. A check with him.

DECLARATION

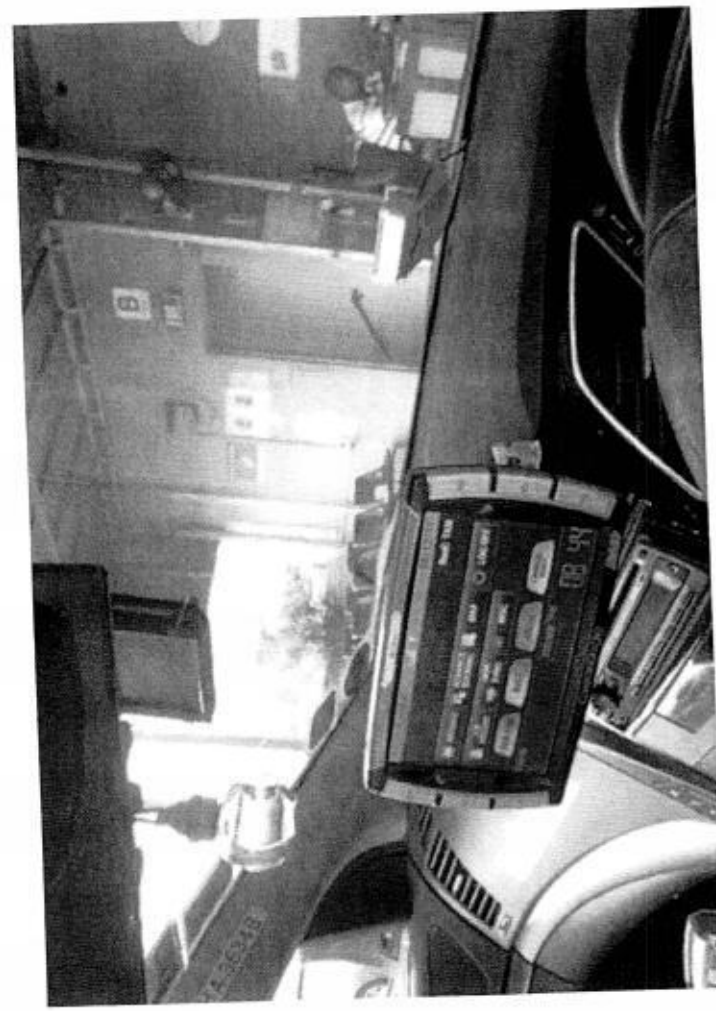
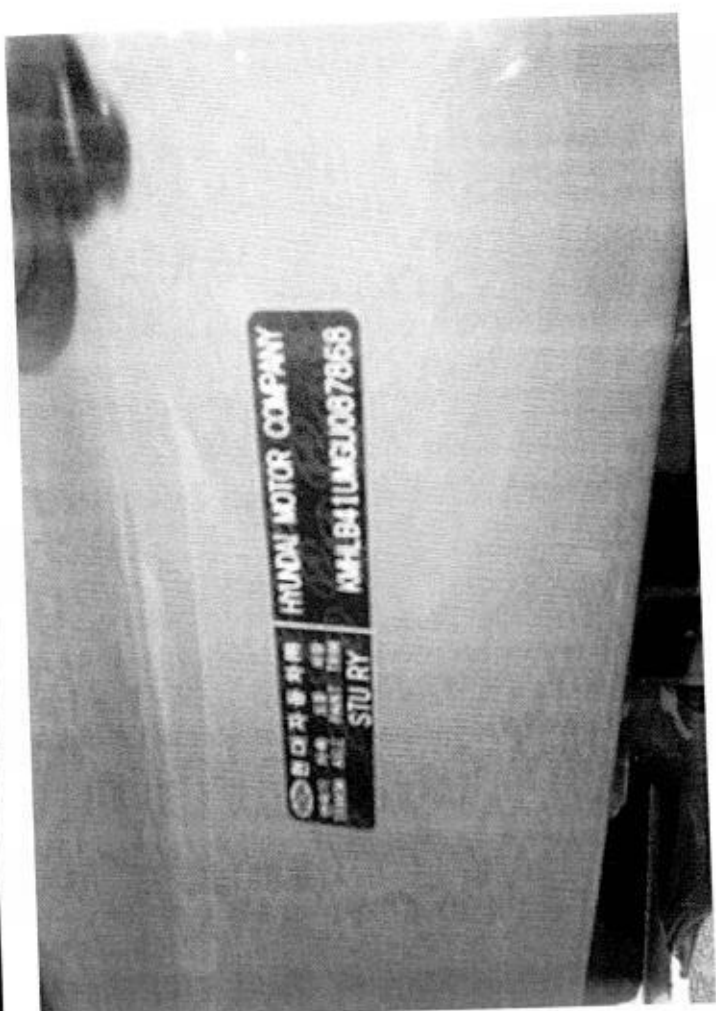
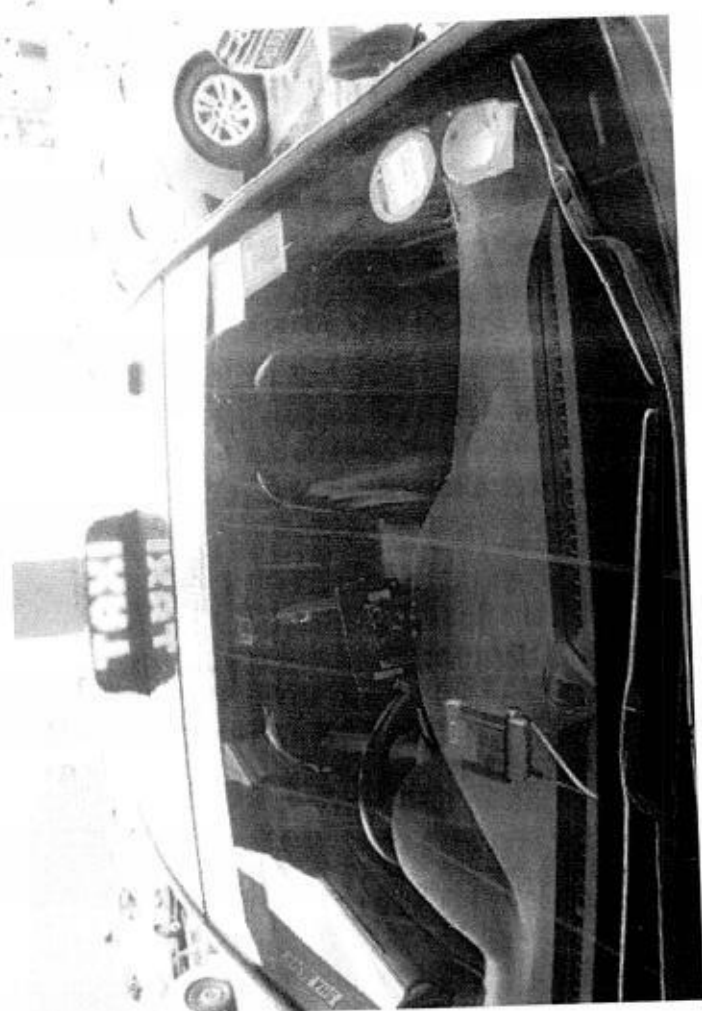
I/We declare the foregoing particulars are true in every respect.

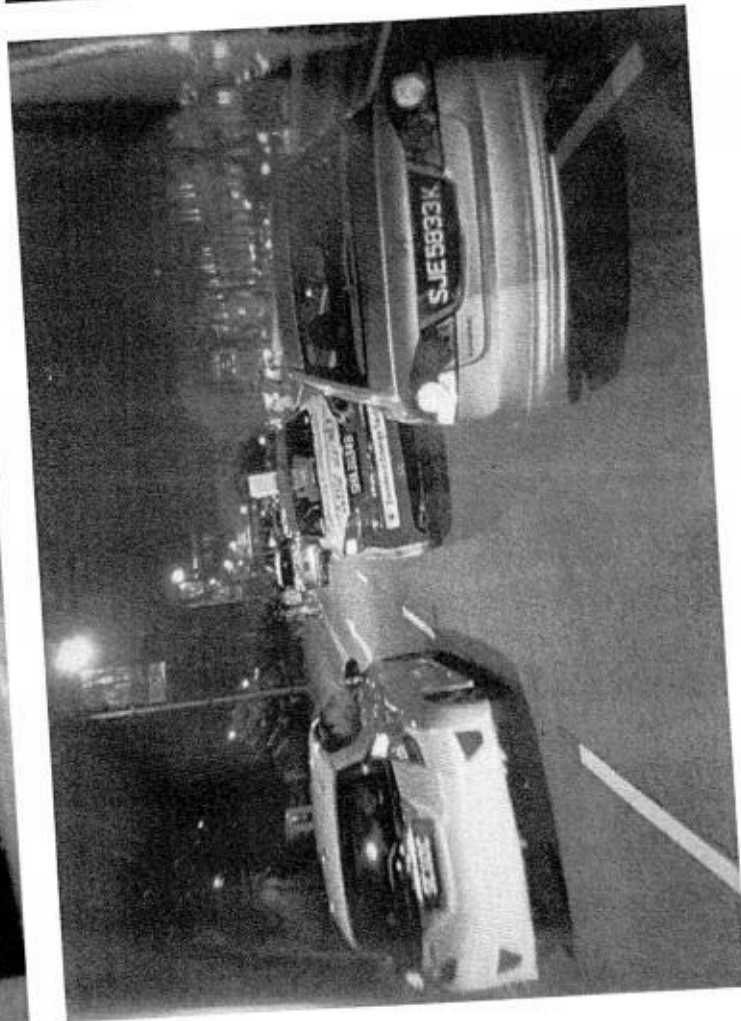
COMFORT TRANSPORTATION LTD
 CO REG NO 1907

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:





Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3821R
Vehicle Details	
Vehicle No.:	SHA3634B
Vehicle to be Exported:	No
Intended De-registration Date:	27 Dec 2017
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDGU613765
Chassis No.:	KMHLB41UMGU087868
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,239.00
Original Registration Date:	28 Apr 2016
First Registration Date:	28 Apr 2016
Transfer Count:	0
Actual ARF Paid:	\$20,335.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Apr 2024
PARF Rebate Amount:	\$15,251.00
Intended COE Rebate Details	
COE Expiry Date:	27 Apr 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,862.00
COE Rebate Amount:	\$29,182.00
Total Rebate Amount:	\$44,433.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	
The information contained herein is correct as at 27 Dec 2017	

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305096302

TOMER
AS COMFORT TRANSPORTATION PTE LTD
TOMER NO 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

REGN NO: SHA3634B	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 09.12.2017 08:45
YR OF MANU 28.04.2016	TARGET DATE
CHASSIS CODE RMHLB41UMGU087868	COMPLETION DATE/TIME:

N.TUC

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 09.12.2017
ATURE: 3P 09.12.2017

/NO LABOR CODE DESCRIPTION

LKK

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedgement Slip

Exit Pass

No.: SHA3634B LKE/KALVIN

Vehicle No.: SHA3634B

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 3634B

MAKE :

MODEL : HYUNDAI i40

DATE 9/12/2017 11:42

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Reflector Lamp (RH)			\$ 32.00
	SUB TOTAL			\$ 657.60
	LESS 20%			\$ 131.52
	DISCOUNTED TOTAL			\$ 526.08
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
				\$ 300.00
	Labour Charge			
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 1,576.08

Kalvin 16/12/17

11/12/17 10:45 hrs

2 Pys.

P/P

Before Paint & P/L

LKK Auto Consultancy Centre notify the Repairer to provide the following:

- To resurvey the vehicle after painting
- To display damaged parts for survey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modifications is allowed
- Supplementary items 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 PTE LTD
REPAIR ESTIMATE

Date: 25.12.2017
Time: 15:52:24
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305096302
REGN NO : SHA3634B
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 28.04.2016
DATE/TIME IN : 09.12.2017 08:45
ACCIDENT DATE : 09.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	603.60	20.00	482.88
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003	04-01-0103-0852-G	I40VC REFLECTOR/REFLEX AS	1 L	32.00	20.00	25.60
0004	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00-	50.00
SUB-TOTAL :						576.08

JOB NATURE

0000	20-05	RENEW ADVERTISMENT STICKER-	250.00
0001	L	PANEL BEATING	200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0003	17-01	CHECK ALL LIGHTING	20.00
0004	20-22	REMOVE/REFIX REVERSE SENSOR	20.00
SUB-TOTAL :			670.00

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305096302
Date : 25/12/17

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

FINALIZATION FORM

To : NTUC
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA3634B CTPL

Fax :

Date of Accident : 09.12.17


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


- The repair job shall bill to: NTUC --- SJE5833K
- The finalized amount shall be:

(a) Spare Parts after List discount	\$576.08
(b) Labour Charges	\$670.00
Total for Part-By-Part Repair Cost	\$1,246.08
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	20%
Final Lumpsum Repair cost	

- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : KALVIN ANG
Date : 26/12/17

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/INC17023517/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 03-01-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJE 5833K	Veh. Inspected	SHA 3634B
Policy No.	5094686615	Coverage (\$)	0.00
Claim No.	MT/0973212-002	Excess (\$)	0.00
Assign From		Assign Date	11/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087868	Colour	BLUE
Odometer	274120	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 O/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	09/12/2017	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.
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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 3634B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	603.60	603.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER REFLECTOR LAMP (RH)	CRACKED	32.00	32.00
	LESS 20% DISCOUNT		-131.52	-131.52
			526.08	526.08
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	240.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	420.00
GRAND TOTAL			1,576.08	1,246.08
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,246.08

Report Ref No. NS/INC17023517/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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