

Signature: Kalvin

REF: NS / INC 17023615 / K19bn2

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: SLR 170E
 Policy No: 5093386670 140817 - 13.10.18
 Claims No: M7/0973041-002
 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
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SHC 1446E Yr Reg: 25 May 2017
 Type: M.Car / M.Cycle / Bus / Van / Lorry / 0 / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Prius cc 1798
 Colour: Blue A.C. Ins: 6 Std / NI / NA
 Sp. Reading: 90347 T. Radio Ins: 0 Std / NI / NA
 Eng. No: _____
 C.No: J TDK B3FY 603557122
 Gen. Cond: Good / 0 / Poor / Burnt
 Steering: In 0 / Jammed / Leaked / Burnt or
 Brakes: In 0 / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD 0 / Rim or
 Tyre Size: F: 195/65R15
 R: _____
 ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R.Bal: 7 mm L.Bal: 7 mm
 D.O.A: 10/12/17 12/12/17
 Survey held at: COKE (Gang)
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Front.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	DOB	Signature
	SHC 1446E - CS / FCL 16 03212 / K19bn2	05/12/16	<u>[Signature]</u>
	SLR 170E - X		<u>[Signature]</u>
<u>19/12/17</u>	<u>Contract PIP \$479.25 / 2 days</u> <u>(Red \$734.75, 61%)</u>		

RECEIVED 21 DEC 2017

Date/Time File Pass to? ☐ : Preli. Report
21/12 turnin ☐ : Final Report
 Date/Time File Return to?

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp \$
☐ Interview \$
☐ Tech Insp \$
☐ Workshop \$

Survey Fee
 Transportation

160
35
195

Report Format: 71
 Lump Sum / I.B.I.: 479.25



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/INC17023615/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 12-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLR 170E	Veh. Inspected	SHC 1446E
Policy No.	5093386670	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	12/12/2017

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	10/12/2017	Inspection Date	12/12/2017
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/INC17023615/K196
Policy Type: OD / TP / TP RES / TL / EVA

SHC 1446E

Typist

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

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

); Case handler to make sure the surveyor completed all required information.

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

[illegible]

C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

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

[illegible]

6/12/17

Date _____

TP Claims against NTUC Income: Follow-Through Survey

Date : 20/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0973733-002	COMFORT TRANSPORTATION	SHD 4138U	GBA 5869Z	13/12/2017	18:30	\$ 5,078.82
2	MT/0973984-002	COMFORT TRANSPORTATION	SHD 3473H	PC 3357X	16/12/2017	13:15	\$ 3,512.96
3	MT/0974088-002	CITYCAB PTE LTD	SHA 473T	SJM 9474U	15/12/2017	17:00	\$ 2,347.68
4	MT/0973041-002	COMFORT TRANSPORTATION	SHC 1446E	SLR170E	10/12/2017	13:30	\$ 1,233.50
5	MT/0973902-002	COMFORT TRANSPORTATION	SHD 3061M	SJR 8561G	13/12/2017	11:30	\$ 2,461.58
6	MT/0974506-002	CITYCAB PTE LTD	SH 9111L	SJG 397A	18/12/2017	10:15	\$ 2,534.88

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 checked="" type="radio"/>	5093386670	LEMON HONG FAR EAST	53367460C	GPC	drive CLASSIC	SLR170E	SLR170E	14/08/2017	13/10/2018

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	11/12/2017 13:20
Date Of Accident	10/12/2017 13:30
Exact Location Of Accident	JURONG GATE WAY TOWARDS JUR EAST CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1446E
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	TOYOTA
Model	PRIUS
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-15072701MFSH
Cover Note Number	

Driver

Name of Driver	AMARPAL SINGH S/O RATAN SINGH
NRIC No	S8429615E
Date Of Birth	15/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2003
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	PACFUSION@GMAIL.COM

Address	113 #07-99 WHAMPOA ROAD
Postcode	320113
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 (TPOVORSE)
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)	3

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

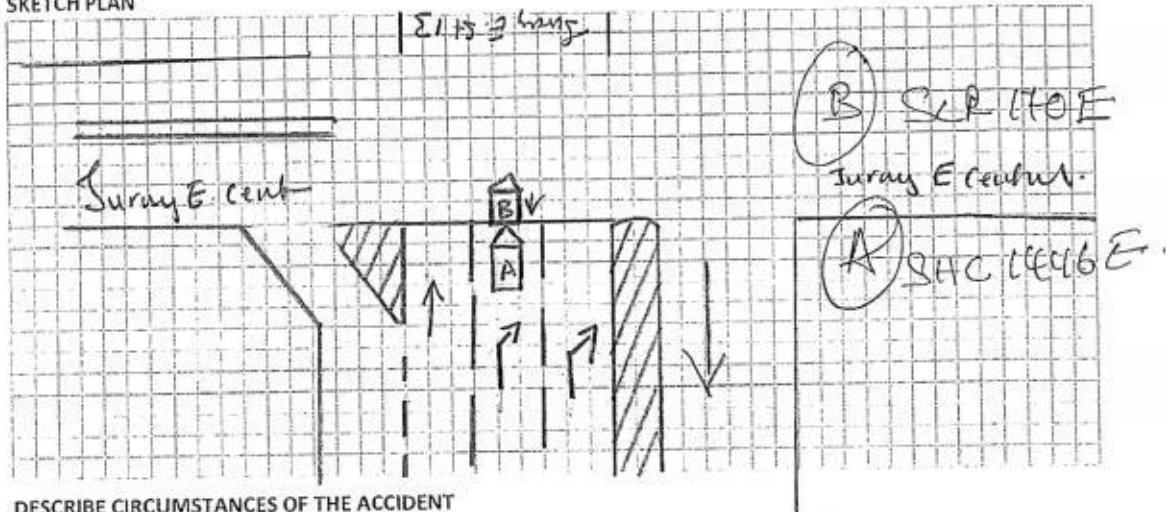
Vehicle Registration Number	SLR170E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ANG CHUANG LII, LEON
NRIC/Passport Number	S8502668B
Contact Number	98341626
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 10 Dec 2017 @ 13:00hr. I veh A

Driving along Surney gate way at the Surney E. cent.

I veh. A was on 2nd lane went the traffic light

change red. I veh. A slow down and stop at the

stop line veh B suddenly saw brake after the stop

line and reverse back and hit veh A front. at

the point of accident Veh A ferry two female

passenger when veh A checks with them they were OK.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CC REG. NO. 1970371R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

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.

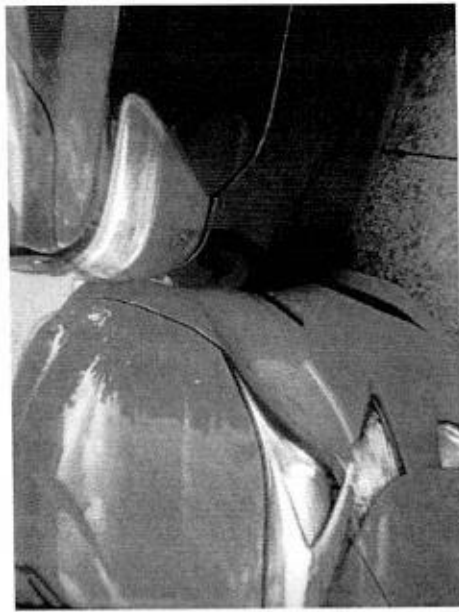
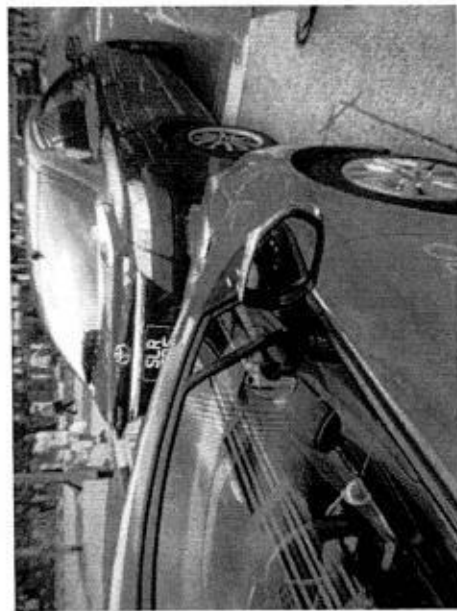
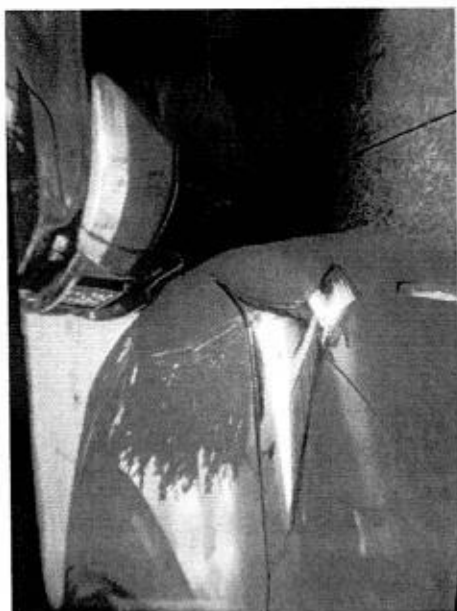
COMFORT TRANSPORTATION PTE LTD
CC REG NO. 19330821R

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.:





A member of COMFORTDELGRO

Date/Time: 11.12.2017 17:12

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.305096861

CUSTOMER		REGN NO:	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SHC1446E	
7010045		MAKE:	FUEL
CUSTOMER NO		TOYOTA	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE		MODEL	DATE/TIME IN
Singapore SINGAPORE 575717		PRIUS HYBRID(G4)10	12.2017 15:30
65508755		YR OF MANU	TARGET DATE
L. (R) (P) (O)		25.05.2017	
SCOUT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		JTDKB3FU603557122	

JOB DESCRIPTION

Accident Date: 10.12.2017

NATURE: 3P 10.12.2017

S/NO LABOR CODE DESCRIPTION

NTUC - tagi Front damage
LKR/Kelmi -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC1446E LARRY

Vehicle No.: SHC1446E

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE : SHC 1446E

MAKE :

MODEL : TOYOTA PRIUS

NTUL

DATE 12/12/2017 10:22

DOA: 10.12.17

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
FRONT BUMPER COVER <i>X 1/2 in</i>			\$ 490.50	
			\$ 490.50	
SUB TOTAL			\$ 98.10	
LESS 20% <i>25%</i>			\$ 392.40	
DISCOUNTED TOTAL				
FRT NUMBER PLATE <i>- 1/2 in</i>			\$ 25.00	NETT
LICENSE PLATE TRIM COVER <i>+ 5/16</i>			\$ 30.00	NETT
FRONT NO.PLATE GARNISH <i>- 1/2 in</i>			\$ 99.00	NETT
FRONT BUMPER LOGO <i>X 1/2 in</i>			\$ 87.10	NETT
			\$ 241.10	
Labour Charge				
Panel Beating			\$ 400.00	
Spray Painting Charge			\$ 200.00	
			\$ 180	
TOTAL LABOUR			\$ 600.00	
ESTIMATE TOTAL			\$ 1,233.50	
<i>Kelvin 12/12/17</i> <i>12/12/17 1130L</i> <i>2 Dgs</i> <i>P1P</i> <i>After Repair photo</i>				
<div> LKK Auto Consultants shall notify the Repairer of the following: <ul style="list-style-type: none"> To resurvey paint and spray painting To display damaged parts during resurvey Parts prices are subject to confirmation Third party survey is on a "without prejudice" basis No illegal modification is allowed Supplementary items must be resurveyed and is subject to final approval from Insurance Company </div>				
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: 19.12.2017

Time: 18:28:39

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 : 305096861
REGN NO : SHC1446E
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 25.05.2017
DATE/TIME IN : 10.12.2017 15:30
ACCIDENT DATE : 10.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2170-G	PRIG4 BRACKET FRT BUMPER	1	99.00	25.00	74.25
0002 FNPS	NO PLATE(S)	1 N	25.00		25.00

SUB-TOTAL : 99.25

JOB NATURE

0000 L	PANEL BEATING		200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA		180.00

SUB-TOTAL : 380.00

TOTAL : 479.25

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305096861

Date : 19.12.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC1446E

Date of Accident: 10/12/17

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

1. The repair job shall bill to: NTUC SLR170E

2. The finalized amount shall be:

(a) Spare Parts after List discount \$99.25

(b) Labour Charges \$380.00

Total for Part-By-Part Repair Cost \$479.25

(c.) Lumpsum Repair (If applicable)
Total for Lumpsum repair cost after Less: _____
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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Calvin

Date : 19/12/17

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:



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/INC17023615/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.	SLR 170E	Veh. Inspected	SHC 1446E
Policy No.	5093386670	Coverage (\$)	0.00
Claim No.	MT/0973041-002	Excess (\$)	0.00
Assign From		Assign Date	12/12/2017

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU603557122	Colour	BLUE
Odometer	90347	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
R/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	10/12/2017	Inspection Date	12/12/2017
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:	2 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 1446E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	TO REPAIR	490.50	-
	LESS 20% DISCOUNT		-98.10	-
	LESS 25% DISCOUNT		-	-
			392.40	-
1	FRONT NO PLATE GARNISH	CRACKED	99.00	99.00
	LESS 25% DISCOUNT		-	-24.75
			99.00	74.25
<u>SPECIAL NETT ITEMS</u>				
1	FRT NUMBER PLATE (SN)	DENTED	25.00	25.00
1	LICENSE PLATE TRIM COVER (SN)	SERVICEABLE	30.00	-
1	FRONT BUMPER LOGO (SN)	NOT NECESSARY	87.10	-
			142.10	25.00
<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			1,233.50	479.25

RECOMMENDED COST OF REPAIRS (CONFIRMED)			479.25
--	--	--	---------------

Report Ref No. NS/INC17023615/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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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.